



Community Hospital
of the Monterey Peninsula
Montage Health

2018 COMMUNITY BENEFIT PLAN



APRIL 2019 Dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

Prepared by:

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Executive summary

This community benefit plan for the fiscal year ending December 31, 2018, describes Community Hospital of the Monterey Peninsula's benefit planning process, the benefits provided, and the economic value of those benefits. Community benefit services are free or subsidized programs and services provided to meet identified community needs and to serve the public interest. The plan both satisfies the requirements and reflects the spirit of California's community benefit legislation, SB 697, as well as spells out the addition of an implementation and monitoring plan required by the IRS. It documents organizational leadership, partnerships with other community organizations, and services to meet the needs of at-risk populations in the community.

REPORT ORGANIZATION

The report is organized to address all the information suggested in the state's "Checklist for Hospital Community Benefit Plan," issued April 2000, with the addition of the requirements adopted by the IRS in 2013 regarding an implementation and monitoring plan.

- Section 1** documents organizational commitment and participation, including board and hospital staff participation, community involvement, and integration with operational planning. It describes the ways in which the hospital presents the community benefit plan to the public and describes our charity-care policy and non-quantifiable benefits. Appendix A contains a copy of the hospital's charity-care policy. Appendix B contains a copy of the hospital's Community Benefit program guidelines.
- Section 2** describes the communities served and summarizes the hospital's community partners by type of organization. Appendix C lists the specific collaborating organizations.
- Section 3** summarizes the status of community assessment activities and priority needs identified in the assessment.
- Section 4** summarizes the number of provided services by legislative category and links them to identified community needs.
- Section 5** summarizes the value of benefits provided by legislative category and links these dollars to identified community needs. Costs for charity care and unpaid costs of public programs (government payer shortfalls) are reported separately. The principal measure for monitoring community benefit services is the dollar value of benefits returned to the community per dollar of tax exemption value received.
- Section 6** describes measurable objectives, outcome measurement methods, and results.
- Section 7** defines the hospital's plan for implementing programs and services targeting the highest priority community health needs identified by our community health needs assessment, lists the identified community needs not selected for focus during the current three-year planning period, and defines the plan for evaluating the impact of those programs and services.

SUMMARY OF 2018 COMMUNITY BENEFITS

The community benefit planning process identified 138 benefit services for the current year; these represent an economic value of \$171.6 million. Of these dollars, 29 percent (\$49.4 million) specifically serve the economically disadvantaged.

Forty-one hospital departments were active in providing community benefit services, often working in partnership with various community organizations. In addition, the hospital collaborated with a total of 271 organizations in community benefit activities.

The economic value of savings from tax-exempt status was \$31,485,391. Thus, the hospital returned \$5.45 in community benefits for each \$1.00 saved because of tax-exempt status.

Hospital cost of community benefits	\$171,554,725
Value of tax exemption	\$31,485,391
Community benefits per dollar of tax-exemption value	\$5.45

SB 697 category	Dollars
Medical care: vulnerable populations	
Traditional charity care, at cost	\$ 3,821,927
Unpaid cost of Medi-Cal program	\$ 45,242,591
Medical care: broader community	
Unpaid cost of Medicare program	\$ 83,633,659
Unpaid cost of other government programs	\$ 12,428,530
Negative-margin services	\$ 18,995,219
Other benefits:	
Broader community and vulnerable populations	\$ 3,316,110
Health research, education, and training	\$ 4,116,689
Total benefits	\$171,554,725

In addition to the \$171.6 million in quantifiable community benefit services, board members, physicians, employees, and volunteers reported contributing 15,284 hours of volunteer service to the community.

A summary of benefit services and volunteer hours by community need/focus area is listed in the table below. The summary shows percentages of total benefit dollars and services.

SUMMARY OF COMMUNITY BENEFITS BY COMMUNITY NEED/FOCUS AREA

Community focus area	BENEFIT DOLLARS		BENEFIT SERVICES		Volunteer hours
	Total	Percentage	Total	Percentage	
Building healthy communities	\$1,317,156	0.8%	20	14.5%	6,773
Health education and wellness	\$3,327,720	1.9%	79	57.2%	2,424
Improving access to care	\$166,130,701	96.8%	20	14.5%	4,101
Special care for special needs	\$779,148	0.5%	19	13.8%	1,986
All benefit services	\$171,554,725	100.0%	138	100.0%	15,284

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SECTION 1 Mission and commitment

This section describes the mission, vision, and values guiding Community Hospital of the Monterey Peninsula (Community Hospital) in its commitment to benefiting the communities it serves. It summarizes key elements of organizational commitment and participation in community benefit programs. It concludes with an overview of organizational responsibility for benefit planning.

VISION, MISSION, AND GUIDING PRINCIPLES

Community Hospital is a tax-exempt, nonprofit organization serving the residents of the Monterey Peninsula and surrounding communities. Community Hospital is a subsidiary of Montage Health (formerly known as Community Hospital Foundation), a tax-exempt, nonprofit corporation which also owns other healthcare-related entities that closely collaborate to meet the healthcare needs of our community. The Board of Trustees for Montage Health also serves as the Board of Trustees for the hospital. The hospital, established in 1934, is an active, caring member of the community that provides compassionate, high-quality healthcare services at a competitive cost.

The board-approved mission statements for both Montage Health and Community Hospital highlight commitment to the community and its vulnerable populations. The board adopted the Montage Health vision and mission statements in June of 2015 and most recently reaffirmed the hospital's mission statement in March of 2009 (neither has been modified since). The board also reaffirmed its commitment to and policy governing community benefit services on April 5, 2018.

MONTAGE HEALTH VISION STATEMENT

Dedicated to improving lives by providing exceptional care and inspiring the pursuit of optimal health.

MONTAGE HEALTH MISSION STATEMENT

We believe our community's greatest resource is the health of its people. Our family of organizations is dedicated to the pursuit of optimal health for all people in Monterey County, from birth to end of life.

We believe the achievement of optimal health requires pro-active partnering with physicians and other clinicians, healthcare and community organizations, and, most importantly, each person we serve. Achieving this goal requires our ongoing commitment to delivering exceptional value-based care that is:

- Preventive (building and retaining health)
- Restorative (facilitating recovery from illness or injury)
- Palliative (maximizing well-being when recovery is not possible)

We are dedicated to care that is coordinated across all care settings to meet each person's own goals and needs.

We believe optimal health on an individual level is possible only when each person actively participates in their own healthcare. We inspire that participation through personalized information, education, and support, provided by a coordinated and compassionate team.

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA MISSION STATEMENT

Community Hospital of the Monterey Peninsula is dedicated to identifying and meeting the changing healthcare needs of the people of the Monterey Peninsula and surrounding communities.

We are committed to providing high-quality services at a competitive cost and within a safe environment.

We provide educational and public-service programs to enhance the health of our community and the competence of those who provide the service.

We care for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources.

The hospital's guiding principles also emphasize commitment to community service by stressing community collaboration, hospital leadership, and quality healthcare services. Our mission and guiding principles are the basis for all our Community Benefit program decisions.

COMMUNITY HOSPITAL'S GUIDING PRINCIPLES

Patients come first. Their individual satisfaction with our services is the best measure of our success. In every decision, seek to meet their needs above all others.

Our employees, medical staff, and volunteers are our most important organizational resources. Recognize and develop each person's contribution to the organization. Value the diversity of those whose experiences, cultures, and abilities make up the hospital family and our community.

Broad community participation in our programs is essential. Cultivate thoughtful and active governance, dedicated volunteers, involvement in program planning and assessment, and enlightened philanthropy.

An atmosphere of support and openness encourages innovation. Promote the free exchange of ideas at all levels of our organization.

Quality can be continually improved in an atmosphere of support and openness. Strive to improve service quality by assessing and improving governance, managerial, clinical, and support processes that most affect patient outcomes. Promote the free exchange of ideas and interdisciplinary communication as critical means to this end. Reward full participation in the improvement of our organizational performance.

Quality care must be affordable. Through the prudent application of resources, deliver excellent programs and services that represent a good value for our healthcare consumers.

Be a significant, positive force in our community. Provide quality services to improve the health of our community and the competence of those who provide healthcare services; become personally involved in community affairs.

Caring is as important to quality healthcare as technology. Empower patients and their families to participate in their healthcare by being sensitive to their experiences, privacy, and dignity.

Facilities and policies should be designed to enhance the healing process. Both should be periodically expanded and updated to meet the growing needs of the community.

We are committed to preserving and enhancing the environment. Our purchasing, operational, and disposal practices must contribute to the long-term health and viability of our beautiful region.

We provide financial resources sufficient to meet the present and future healthcare needs of our community.

Responsibility and honesty are essential. We require the highest standards of ethical behavior, not only of ourselves, but of our colleagues.

Do the right thing. Compliance with all applicable laws and regulations is a cornerstone of our duty to ourselves, our patients, and those with whom we work.

ORGANIZATIONAL COMMITMENT

The depth, breadth, and significant economic value of the benefit services described in this benefit plan, and those of preceding years, demonstrate our strong commitment to community benefit services. Community Hospital's leadership of and participation in hospital-driven and collaborative community needs assessment activities and our investment of time and resources in an objective-oriented benefit planning system also show our commitment to community benefit services and the spirit of both SB 697 and IRS requirements.

STRATEGIC PLANNING

The Board of Trustees oversees strategic planning for the hospital and actively supports the hospital's continuing commitment to community leadership and benefit services in its strategic initiatives. Initiatives are selected for implementation, in part, on the basis of community needs assessment activities.

CHARITY CARE

Policy and funding: To help meet the needs of low-income and uninsured or underinsured patients, Community Hospital has been providing care for community residents, without regard to their ability to pay, since the organization was founded. Effective January 1, 2007, the sponsored care and discount program also meets the requirements of AB 774. Funding for the program is provided by philanthropic contributions and through the hospital's operating budget. The program grants sponsored (charity) care and/or discounted care solely based on a person's financial need, regardless of age, sex, race, national origin, physical or mental disability, sexual orientation, religion, color, ancestry, marital status, citizenship, medical condition, or veteran status. Patients may apply for assistance before receiving hospital services or after the hospital provides the care. Appendix A contains a copy of the policy in effect during 2018.

Provisions of the Affordable Care Act, including the expansion of the Medi-Cal program in California, have contributed to a significant decline in the numbers of uninsured patients in the area served by Community Hospital and an associated decline in the need for charity care.

Implementation and procedures: The Patient Business Services and Care Coordination Services departments screen applicants for the sponsored care and discount programs. Completed applications, including required documentation, are submitted to Patient Business Services or Care Coordination Services for initial review and follow up. The patient/responsible party and/or service department are notified of the final eligibility decision in writing. Should there be any dispute as to the decision made by the hospital on the eligibility or level of eligibility of the patient for either the sponsored care or discount payment program, an appeal of the decision may be made to the director of Patient Business Services.

In 2018, the income limit for sponsored care was 250 percent of the federal poverty level, and the income limit for the discount program was 350 percent of the federal poverty level (these parameters were last modified in 2007). The hospital follows the requirements of AB774 in all respects.

Communication to patients and the community: The hospital provides basic information about the organization in every inpatient room; this guide to hospital services describes the sponsored care and discount programs and directs application inquiries to the appropriate department. In addition, Community Hospital publicly displays information on the general program in key service locations and provides information to every patient at the time of registration for services and enclosed with billing statements. Information on specialty programs (e.g., free baseline mammography through the Sherry Cockle Fund and rehabilitation services through the Thomas A. Work, Jr., Fund) are provided to patients who register for these specific services.

Through its public web site, Community Hospital also publicizes the sponsored care and discount programs and illustrates the benefits of the program. A formal presentation about hospital billing practices and sponsored care requirements is provided to community groups on request by our Patient Business Services department.

NON-QUANTIFIED COMMUNITY BENEFITS

Community Hospital is the sole acute-care provider in its primary service area and a vital member of the Monterey Peninsula community. It enhances the health and well-being of the community in a variety of ways not quantified in this community benefit plan. The hospital is the largest private employer on the Monterey Peninsula, with approximately 2,365 employees and an annual payroll, including benefits, of \$330.9 million in 2018.

The hospital's mission has always guided its decisions and policies to improve the overall health of community residents, improve access to health services, and address unmet health needs. Beginning in 1955, trustees voted to build a new facility on 22 acres of donated land to replace an outdated facility which had been serving the community as a hospital since 1934. Gifts from the community financed two-thirds of the cost of this new facility. This partnership and community generosity have continued and allowed the hospital to purchase new equipment and upgrade facilities in response to changing community needs.

The purchase of Eskaton Monterey Hospital in 1982 allowed Community Hospital to merge the two acute-care facilities. Consumers continue to receive the benefit of the significant operating efficiencies produced by the merger, with hospital charges (average charge per stay) that consistently rank near the median for comparable hospitals in Northern California. In response to community need, Community Hospital later converted the former Eskaton Monterey Hospital to the Hartnell Professional Center, a major center for outpatient services. The Recovery Center (a chemical-dependency treatment program for adults), Behavioral Health Services (which offers outpatient mental health services), and outpatient Rehabilitation Services (physical, occupational, and speech therapy, opened to meet increased community needs in early 2015) are among the services now located there.

The hospital established an outpatient surgery center in 1987 and expanded its Rehabilitation Services department in 1992. A new Family Birth Center opened in 1996, offering single-room maternity care. Acquisition and integration of Hospice of the Central Coast and Westland House (formerly called Hospice House) into Community Hospital occurred in 1997, and the Comprehensive Cancer Center addition to the hospital opened in late 1999.

Community Hospital's Carol Hatton Breast Care Center opened in 2002, in direct response to community requests and following compelling input from local women's organizations. The latest digital screening and diagnostic tools are available to patients under one roof at the center. The center is the only center in the region to have achieved Center of Excellence designation from the American College of Radiology.

Anticipating the wider community's future growth taking place in Marina, Ft. Ord, Seaside, and along the Highway 68 corridor, in 2004 the hospital opened the expansive, centrally located Ryan Ranch Outpatient Campus which houses an expanded Sleep Disorders Center, Outpatient Diabetes and Nutrition Therapy programs, an outpatient imaging center, an additional satellite lab, doctors' offices, and administrative offices for the hospital's hospice program and education department.

Three factors drove the decision to develop the Ryan Ranch campus. First, the hospital has provided various outpatient services at the main hospital that could be provided at greater patient convenience and at a lower cost outside the inpatient facility. Second, the hospital had offered services in some 16 different locations across the Peninsula and in Salinas, some of which could ultimately be coordinated on a single campus. Finally, Community Hospital has a long history of growing in the direction, both geographically and medically, of its community. The campus grew again in 2018, with the opening of a new medical office building to house providers from Montage Medical Group (a sister organization under Montage Health).

In 2005, the hospital opened a new cardiac catheterization laboratory to help meet the growing local need for treatment of heart disease, the number-one cause of death for both men and women.

In 2006, the first phase of the Pavilions Project was completed; larger operating rooms to accommodate a cardiac surgery program as well as upgraded critical-care facilities were included. The second phase added a new inpatient wing with 120 private rooms (for a net bed increase of approximately 32 beds, as older units were taken out of service) and opened in early 2007. The final phase of the project involved renovation of existing hospital facilities and included diagnostic and interventional radiology services, cardiac and pulmonary diagnostic services, the cardiac catheterization laboratory (including the addition of an electrophysiology laboratory), an inpatient rehabilitation gym, and an expanded pharmacy. The significant investment in the Pavilions Project will support the hospital's ability to meet growing community demand for hospital services.

In 2011, Community Hospital's multi-facility Marina campus opened to help address a wide array of unmet needs of the residents of that and surrounding communities. The campus includes Montage Wellness Center (an integrated medical fitness facility, formerly known as Peninsula Wellness Center, designed to help those at risk for and those facing health challenges reduce their risk and improve their health and wellness); a second location for Montage Medical Group (formerly known as Peninsula Primary Care, providing local residents with access to primary care and specialist physicians); outpatient physical therapy services; cardiac and pulmonary rehabilitation programs; and satellite laboratory and radiology facilities.

In 2013, Community Hospital opened a new Inpatient Rehabilitation Unit (IRU) in the main hospital. This post-acute service, providing aggressive physical, occupational, and speech therapy in an inpatient setting for patients who also have complex medical needs, was developed in direct response to the unmet need for this service in the local area. Following an internal study, the hospital discovered that the vast majority of patients leaving its acute-care facility who could benefit from this level of post-acute care did not receive it anywhere, largely because of the challenges of families traveling daily to distant locations to participate in the patients' care. Today, more people in our community are able to achieve the significant functional improvement required to live as independently as possible following a disabling injury or illness.

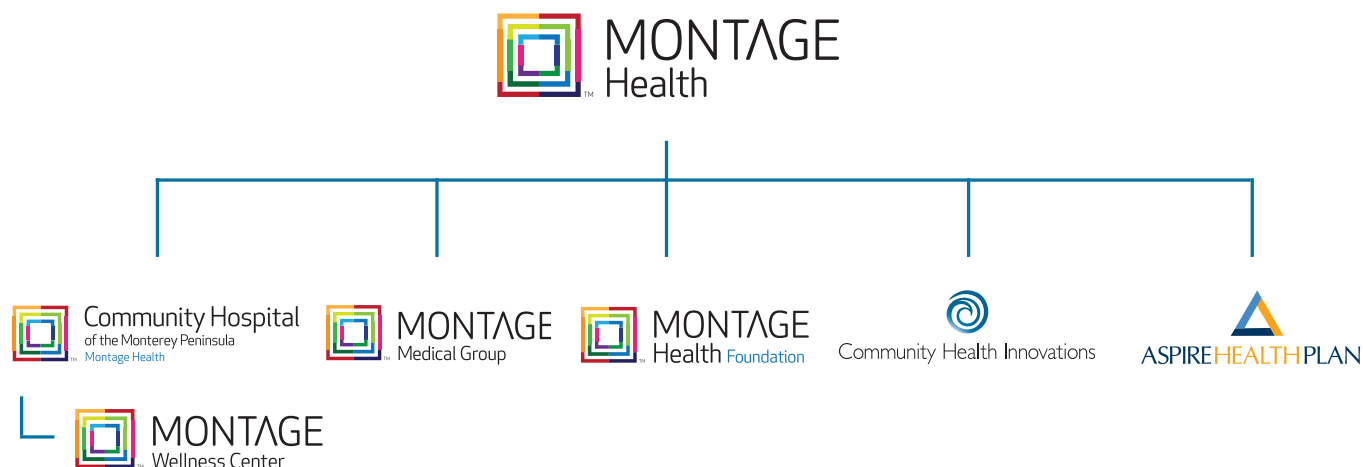
In 2014, Montage Medical Group (MMG) further expanded to include MMG-Cardiology on Garden Court in Monterey and a multi-specialty clinic on Holman Highway in Monterey.

In 2016, a new multi-service facility was opened in Salinas to meet the very high and growing demand for outpatient rehabilitation services (physical, occupational, and speech therapy). The facility also includes a second Montage Wellness Center and outpatient nutrition therapy services.

In 2018, Montage Medical Group opened a 60,000-square-foot office in Ryan Ranch, bringing the total number of doctors recruited to more than 50 for improved access to health services for the community.

COMMUNITY BENEFIT COMMITMENT BY RELATED ORGANIZATIONS

The hospital is part of Montage Health, a tax-exempt, nonprofit organization overseeing a collection of nonprofit entities devoted to a shared vision of improving the lives of those we serve by delivering exceptional care and inspiring the pursuit of optimal health.



Montage Health itself, as well as the other non-hospital entities, also engage in community benefit activities. While the value of these benefits is excluded from the hospital's totals reported in this plan, they are significant. In 2018, these benefits included:

Entity	Community benefit service	2018 contribution
Montage Health	Physician recruitment program for primary care and specialty physicians; this activity was previously reported as part of the hospital's community benefit contributions	\$14,600,822
	Juvenile Diabetes Research Foundation grant for One Walk Monterey Bay	\$10,000
	Mobile clinic (includes both operating costs and capital expenditures to retrofit the former bloodmobile to serve the local homeless population)	\$309,163
Montage Health and Community Health Innovations	County-wide diabetes education and prevention collaborative (also in partnership with Salinas Valley Memorial Healthcare System and Monterey Bay Independent Physician Association)	\$299,592
Aspire Health Plan	Medicare Advantage insurance plans for local seniors; operated as a negative-margin service and co-owned by Salinas Valley Memorial Healthcare System	\$5,064,630
Community Health Innovations	Population health management services including transitional care management, primary care medical home, and pediatric wellness coaching; operated as a negative-margin service and co-owned by Salinas Valley Memorial Healthcare System	\$992,271
Montage Medical Group	Nonprofit network of primary care and specialty physician clinics dedicated to improving access to care; operated as a negative-margin service	\$10,523,190
Total		\$31,799,668

COMMUNITY BENEFIT FUND GRANTS

The hospital's Community Benefit program includes a significant annual commitment of funds available for grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area. Community Hospital gives higher priority to projects that involve collaboration among organizations and make appropriate use of Community Hospital's clinical expertise. Grants are awarded under the Community Benefit program objectives of building healthy communities, health education and wellness, improving access to care, and providing special care for special needs.

The program's overall priorities and funding are reviewed and approved by the Board of Trustees annually, and grant decisions are made by the hospital's executive team. Grant applications are welcome at any time. See Appendix B for the complete description of the grant program.

In 2018, Community Hospital awarded a total of \$653,175 in 48 grants to 40 organizations.

ORGANIZATIONAL PARTICIPATION AND INTEGRATION WITH OPERATIONAL PLANNING

Board participation: The Board of Trustees gives overall leadership to the community benefit process by establishing the mission and strategic goals of the hospital. The board approves the community benefit plan annually, including the program's own mission, scope, and grantmaking guidelines, as well as the triennial community health needs assessment and its top identified priorities.

Board members serve as ambassadors to the community, serve on board committees, and provide governance to the hospital, the hospital's tax-exempt parent corporation, and related entities. As residents of the Monterey Peninsula, they are advocates for community needs and encourage active participation of the hospital and its employees and medical staff in meeting those needs.

Staff participation: Staff participation begins with an ongoing community benefit inventory to identify community benefit services. Staff works with management in developing mission-driven community benefit activities and in planning appropriate changes to existing services as well as new services. Department directors and their staffs manage and implement essentially all community benefit services, including formulating objectives, collecting data, and providing cost and related data for the community benefit plan.

The following is an overview of the roles of several key departments in community benefit planning and implementation:

- The hospital's community health committee is an interdisciplinary group responsible for overseeing the triennial community health needs assessment and for developing the implementation plans associated with the board-approved priority needs. This group is also responsible for planning and coordinating our health education programs and activities, including those for hospital staff, patients, and community members.
- Financial Services oversees the data collection process and produces aggregate reports for the community benefit plan, including required IRS filings.

- Communication and Marketing and Financial Services prepare the annual community benefit plan for Board of Trustees review and approval.
- Communication and Marketing prepares community reports on the hospital's community benefit program including segments in the hospital's annual report (4,683 copies distributed), *Pulse* magazine (34,820 households), website (www.chomp.org), the hospital's social media sites, and ads in multiple local newspapers.
- Administration, coordinated by a vice president, monitors progress on needs assessment activities, implementation plans, and the Community Benefit program in relation to the strategic plan, as well as oversees the grantmaking program.

Physician participation: Physicians contribute through leadership of and participation in community benefit activities. In addition to the chief of staff, there is a designated physician seat on the Board of Trustees. Physicians actively participate in hospital and community programs, in collaborative relationships with Community Hospital and other providers, and through involvement in medical staff committees. Several medical staff committees are directly involved in planning mission-driven community benefit activities. Physicians also provide numerous hours of volunteer work within the community.

COMMUNITY BENEFIT PLAN RESPONSIBILITY

The ultimate responsibility and oversight for the implementation of the community benefit plan resides with the Board of Trustees, President's Administrative Committee (senior executives), and mid-level management (department directors) of Community Hospital of the Monterey Peninsula.

SECTION 2

Community and collaboration

COMMUNITY SERVED

Community Hospital's primary service area is the Monterey Peninsula, health facility planning area (HFPA) #707. The Monterey Peninsula includes Carmel, Carmel Valley, Del Rey Oaks, Marina, Monterey, Pacific Grove, Pebble Beach, Sand City, Seaside, Big Sur, and unincorporated areas of Monterey County (see service area map).

Factors used in defining the community for community benefit planning purposes include:

1. Community reliance on Community Hospital's services — the hospital's market share of Peninsula resident discharges was approximately 77.3 percent in 2018.
2. Hospital reliance on the community — residents of the Peninsula accounted for approximately 80.3 percent of the hospital's patients in 2018.
3. Community benefit history and collaborative relationships with community organizations.
4. Desires and perspectives of community groups with which the hospital collaborates.

The socioeconomic characteristics of the Monterey Peninsula span a broad spectrum. Carmel and Pebble Beach are relatively affluent communities with substantial retired and senior populations. Big Sur and other unincorporated parts of the county are largely rural in character. The communities surrounding the former Fort Ord army base (Seaside, Marina, and Sand City) are less affluent and continuing to grow, with a younger population, more children, and significant racial and ethnic diversity. In spite of the socioeconomic variations, the Monterey Peninsula is a distinct sub-region of Monterey County with a well-defined sense of community.

TARGET GROUPS

The seven target groups within the service area identified for community benefit planning are:

- Children/Youth
- Women
- Men
- Seniors
- Economically disadvantaged
- Community subgroups, e.g., military, students, ethnic populations
- General community

A description of the distribution of benefit services and dollars among these target groups is in Sections 5 and 6.

COLLABORATIONS

Since launching our community benefit program, Community Hospital has collaborated with members of our community on both community assessment and community benefit service activities, including through our grantmaking program and the extensive community involvement of our staff and physicians.

Benefit service collaborations involved 271 local organizations in 2018. The following is a summary of collaborating organizations by type. Appendix C contains a list of collaborating organizations for community benefit activities.

COLLABORATING ORGANIZATIONS COMMUNITY BENEFIT ACTIVITIES

Type of organization	Number of organizations
Business organizations	35
Community groups	93
Educational organizations	49
Healthcare organizations	51
Public agencies	43
Total collaborators	271

SERVICE AREA MAP



SECTION 3 Community health needs assessment

Community Hospital continues to be guided by community assessment efforts to measure unmet needs and improve health outcomes. This section describes community assessment methods, results, and future directions.

In 2018, Community Hospital completed an updated, comprehensive assessment of our community's unmet health needs. Professional Research Consultants (PRC) was retained to conduct a statistically valid telephone survey of 1,000 randomly selected local adults. The survey was based largely on the Centers for Disease Control and Prevention behavioral risk factor surveillance system. In addition, we collected and analyzed secondary data from national, state, and local sources such as incidence rates of disease, causes of death, etc. All of the data was then compiled and benchmarked against the goals of the national Healthy People 2020 initiative sponsored by the U.S. Department of Health and Human Services.

The 2016 assessment also included community stakeholder input from key informants. Participants included those with special knowledge of or expertise in public health, as well as others who represent the broad interests of the community we serve. This input was of significant value in our selection of the top-priority needs for focus during the next three years of community benefit planning and service delivery; we very much appreciate the time and expert guidance of the participants.

The analysis of this assessment revealed that the bulk of existing Community Hospital community benefit services, and those of our related organizations described in Section 1, continue to be appropriately directed, but also pointed out potential opportunities to bring greater emphasis to services targeted at the top five priority needs (see Section 7). The complete report on the needs assessment is available on www.chomp.org, and an executive summary is attached here as Appendix F.

Residents of the Community Hospital service area are failing to meet Healthy People 2020 goals for such foundational health elements as blood pressure screening, high cholesterol, and diabetes deaths (among others). This finding has, in part, led the organization to develop medical fitness facilities in Marina (2011) and Salinas (2016) which will provide health assessment, screening, and education, as well as medically supervised exercise programs to assist members in improving their health status and in managing chronic conditions. Services and programs are being designed to meet the needs of residents who are obese and/or face other limitations on their physical activity by providing a safe and welcoming environment for those just beginning to address their health issues.

The complex healthcare needs of the most vulnerable local residents also led to Montage Health's launch of a major new initiative aimed at improving the health status of and reducing the need for hospitalization by this population. In late 2011, a new nonprofit subsidiary of the hospital's parent company, Community Health Innovations (CHI), was formed to guide and support area primary care physician practices in implementing the medical home model of care and to support physicians throughout our community in effectively using and sharing electronic health information. CHI also supports the implementation of our integrated population management strategies by providing transition care managers in the hospital who serve a valuable role in ensuring that care across multiple settings (physician's offices, hospital, post-acute care facility, etc.) is coordinated and that all care team members are engaged in meeting the patient's goals. In 2016, Salinas Valley Memorial Healthcare System became part owner of CHI; together, both health systems are making significant investments in these programs.

Another key finding of the assessment was the higher prevalence of stroke and the higher rate of death from stroke in the local population, when compared to Healthy People 2020 goals. In 2009, Community Hospital became the first Joint Commission-certified primary stroke center in Monterey County and launched an active public education campaign regarding the risk factors for stroke as well as the importance of recognizing and seeking immediate treatment for the signs of stroke. The quality of care for local stroke patients has improved demonstrably as a result of this successful initiative.

The updated community needs assessment again demonstrated that access to affordable health insurance continues to be a critical local issue. In 2013, Montage Health launched Aspire Health Plan, offering a Medicare Advantage insurance plan to Monterey County seniors. Three different plans are offered, including a low-cost option designed to provide affordable access to the traditional healthcare services in our community in addition to the benefits of our disease management, primary care medical home, care management, and other integrated population management expertise. In 2016, Salinas Valley Memorial Healthcare System became part owner of Aspire Health Plan, further strengthening its programs and services.

Finally, addressing the alarming rate of diabetes in Monterey County is the primary motivation behind a new, multi-year effort launched by Montage Health in late 2015 with Salinas Valley Memorial Healthcare System. The Monterey County-wide diabetes collaborative is offering an evidence-based diabetes prevention program that meets CDC guidelines and an online diabetes prevention program as well as a pediatric diabetes coach who will support local pediatric practices; other types of programs are also being developed with additional partners. More on these programs can be found in Section 7.

One or more community assessments have been conducted at least every three years since 1995; the assessment is next scheduled to be updated in 2019.

SECTION 4 Benefit services

This section summarizes benefit activities by SB 697 category, community focus, community need, and target group. A complete alphabetical master list of benefit services and descriptions is in Appendix D.

BENEFITS DATA COLLECTION

Benefits data collection begins with an annual update of the hospital’s organization-wide inventory of all community benefit activities. The person responsible for each identified benefit service then completes a benefit data form for that service. Information provided includes the following:

- Service title, description, and objectives
- Target groups and community needs served
- Collaborative partners
- Occurrences and number of persons served
- Staff and volunteer hours and costs

Lyon Software’s computer program, CBISA Online, serves as the primary data management tool.

BENEFIT SERVICE TABULATIONS

Each benefit service’s SB 697 category and hospital focus area are identified. The CBISA Online program produces data for tables and cross-tabulations for the following categories.

- SB 697 category
- Target group
- Hospital focus area (community need)

The hospital has established focus areas that encompass community needs identified in the community assessment, while reflecting its own community benefit program vision.

SERVICES BY SB 697 CATEGORY

The community benefit inventory for 2018 identified 138 community benefit services. The distribution of these services as follows:

SB 697 category	Number of services
Medical care services	12
Other benefits: broader community	19
Other benefits: vulnerable populations	13
Health research, education, and training	94
Total services	138

SERVICES BY PRIMARY TARGET GROUP

Generally, more than one target group uses individual community benefit services. For example, many services for seniors also serve women. The term “primary target group” designates which group generally comprises the intended primary user group.

Primary target group	Number of services
Children/youth	7
Women	5
Men	1
Seniors	5
Economically disadvantaged	15
Community: specific groups ^(a)	45
Community: general	60
Total services	138

^(a) Specific groups include both demographic groups and disease-specific groups, e.g., cancer patients.

SERVICES BY FOCUS AREA (COMMUNITY NEED)

The distribution of community benefit services by Community Hospital focus area is as follows:

Focus areas	Number of services
Building healthy communities	20
Health education and wellness	79
Improving access to care	20
Special care for special needs	19
Total services	138

The five highest-cost benefit services for each of the focus areas are shown below.

FIVE HIGHEST-COST BENEFIT SERVICES FOCUS AREAS:

Building healthy communities

- California Transplant Donor Network
- Carpooling incentives/employee shuttle program
- Automated external defibrillator program
- Emergency preparedness
- United Way employee giving campaign

Health education and wellness

- Family and patient education and counseling
- Kids Eat Right school nutrition and fitness program
- Scholarship program
- Website resources
- Community benefit fund grants

Improving access to care

- Unpaid cost of Medicare services
- Unpaid cost of Medi-Cal services
- Negative-margin services
- Unpaid cost of CHAMPUS services
- General charity care (at cost)

Special care for special needs

- Community benefit fund grants
- Recovery Center assessment program
- Bereavement program
- Food donations to community
- Aftercare support groups/continuing care groups

HEALTH AND WELLNESS SERVICES BY TYPE OF SERVICE

The distribution of health and wellness community benefit services by type of service is as follows:

Type of service	Number of services
Health education classes	27
Health fairs/screenings	4
Information and presentations	10
Support groups	24
Training classes	8
Other	45
Total services	118

COMMUNITY BENEFIT FUND GRANTS

Grants are generally single-year commitments to support current or new programs consistent with the mission of Community Hospital. Applications are reviewed and awards are made by the hospital's President's Administrative Committee. Higher-priority projects are those that involve collaboration among organizations, make appropriate use of Community Hospital's clinical expertise, and improve access to care. In 2018, there were 48 grants that totaled \$653,175, with an average amount of \$13,608. The amount and number of grants for each of the four focus areas are listed below:

Focus area	Number of grants	Dollar amounts
Building healthy communities	5	\$ 41,695
Health education and wellness	11	150,080
Improving access to care	3	180,000
Special care for special needs	29	281,400
Total	48	\$653,175

SECTION 5 Value of benefit services

This section presents the dollar value of the community benefit services described in the preceding section. It includes tabulations by SB 697 category and hospital-defined focus area, as well as for staff and volunteer hours. The costs for charity care and government payer shortfall (i.e., unpaid costs of public programs) are reported separately, as are costs by each target group.

COST-BASED VALUE DEFINITIONS

As prescribed by SB 697, community benefit dollars presented in this report include only free, discounted, subsidized, or negative-margin services and the unpaid cost of public programs, less funds received from fees and other sources. Unpaid costs of public programs are presented using the hospital's cost accounting data. No indirect cost is added to unpaid cost of public programs, negative-margin services, general charity, or overhead cost centers. Salaries include employee benefits.

BENEFIT VALUE VERSUS MARKETING VALUE

Community benefit activities are those with uncompensated cost and which address community needs. Health education and wellness are the primary goals of most community benefit programs. While some positive marketing value may occur, this document does not attempt to separate benefit value and marketing value. Estimates of marketing value would be highly speculative and non-informative, since there is no objective way to separate benefit and marketing values.

VALUE BY SB 697 CATEGORY

SB 697 category	Dollars
Medical care: vulnerable populations	
Traditional charity care, at cost	\$ 3,821,927
Unpaid cost of Medi-Cal program	\$45,242,591
Medical care: broader community	
Unpaid cost of Medicare program	\$83,633,659
Unpaid cost of other government programs	\$12,428,530
Negative-margin services	\$18,995,219
Other benefits:	
Broader community and vulnerable populations	\$3,316,110
Health research, education, and training	\$4,116,689
Total benefits	\$171,554,725

The five highest-value services for health research, education, and training and other benefits are as follows:

HEALTH RESEARCH, EDUCATION, AND TRAINING

Benefit	Amount
Family and patient education and counseling	\$591,097
Kids Eat Right	\$571,196
Scholarship program	\$528,225
Community benefit grants - special care for special needs	\$273,900
Website resources	\$237,600

OTHER COMMUNITY BENEFIT PROGRAMS, INCLUDING THOSE BENEFITING VULNERABLE POPULATIONS

Benefit	Amount
California Transplant Donor Network	\$440,856
Non-interest-bearing patient payment plans	\$391,138
Carpooling incentives/employee shuttle program	\$389,963
In-home blood collection	\$347,521
Billing support services for patients	\$162,864

VALUE BY FOCUS AREA (COMMUNITY NEED)

The following is the dollar value of and number of services for each hospital-identified focus area:

Focus areas	Amount	Number of services
Building healthy communities	\$1,317,156	20
Health education and wellness	\$3,327,720	79
Improving access to care	\$166,130,701	20
Special care for special needs	\$779,148	19
Total benefits	\$171,554,725	138

The following is the percentage of dollars and services for each hospital-identified focus area:

Focus areas	Percent of dollars	Percent of services
Building healthy communities	0.8%	14.5%
Health education and wellness	1.9%	57.2%
Improving access to care	96.8%	14.5%
Special care for special needs	0.5%	13.8%
Total	100.0%	100.0%

VOLUNTEER HOURS

In addition to the 43,153 paid staff hours contributed toward community benefit services, board members, physicians, hospital staff, and Auxiliary volunteers reported contributing another 15,284 volunteer hours. These individuals donate their personal time and effort with no reimbursement or payment. Their personal contributions to community benefit activities are an indispensable component of the hospital's contribution and dedication to the community.

Focus area	Staff hours	Volunteer hours
Building healthy communities	8,509	6,773
Health education and wellness	15,544	2,424
Improving access to care	15,141	4,101
Special care for special needs	3,959	1,986
Total hours	43,153	15,284

EVALUATING THE ECONOMIC VALUE

One benchmark for evaluating the economic value of community benefit services provided is the dollar value of the hospital's tax-exempt status. A desirable community benefit dollar value exceeds the value of tax-exemption. Elements included in calculating the value of tax-exempt status include:

- Interest rate differential on tax-exempt financing for long-term debt
- Property tax on assessed value
- State income tax obligation without tax exemption
- Federal income tax obligation without tax exemption

The following table shows that Community Hospital returned to the community far more in community benefits than the value of its tax exemption in 2018:

Hospital cost of community benefits	\$171,554,725
Value of tax exemption	\$ 31,485,391
Community benefits per dollar of tax exemption value	\$5.45

COMPARISON WITH PRIOR YEAR

The following table compares the value of community benefits for 2018 with the value for 2017:

SB 697 Category	2017	2018	Net change
Medical care: vulnerable populations			
Traditional charity care, at cost	\$ 3,527,546	\$ 3,821,927	\$ 294,381
Unpaid cost of Medi-Cal program	46,149,285	45,242,591	-906,694
Medical care: broader community			
Unpaid cost of Medicare program	79,826,376	83,633,659	3,807,283
Unpaid cost of other government programs	11,249,290	12,428,530	1,179,240
Negative-margin services	18,161,362	18,995,219	833,857
Other community benefits*	3,327,655	3,316,110	-11,545
Health research, education, and training	3,433,520	4,116,689	683,169
Total quantified benefits	\$165,675,034	\$171,554,725	\$5,879,691

*As noted earlier in this report, \$14.6 million in expenses related to Montage Health's physician recruitment program have been removed from the hospital's reported community benefits in this category.

SECTION 6 Measurable objectives

This section describes measurable objectives, the method for measuring outcomes for those objectives, and the results for the year.

SCOPE OF SERVICES

The primary focus of measurable objectives and outcome measures is on health education and wellness services provided in classroom and support-group settings and through the hospital's speakers' bureau.

Health education and wellness services comprise 57 percent of benefit services for the year. They are the principal venue for community outreach. In a primary service area of only 140,000 residents, 24,257 (17 percent of service-area residents, assuming no person participated in multiple services) participated in educational classes and support groups alone.

Type of service	Number of services	Occurrences	Persons served
Class	27	213	9,376
Health fair/screening	4	11	6,646
Speakers bureau event	1	29	858
Support group	24	112	7,150
Training	8	8	227
Subtotal	64	373	24,257
Presentation	9	(a)	(a)
Other	45	(a)	(a)
Total	118	---	---

(a) Persons served and occurrences are difficult to quantify for these types of services (e.g., radio spots and website inquiries).

CLASSES AND SUPPORT GROUPS

GENERAL OBJECTIVES

The general objectives of the health education and wellness benefit services in classroom and support-group settings are as follows:

- **Healthful behavioral change:** Assist participants toward more healthful behavior through improved knowledge and skills.
- **Convenience and relevance:** Provide the services in convenient settings with content that meets participants' perceived needs.

MEASURING OUTCOMES

Standardized participant evaluation forms provide the data for measuring how well the services meet the objectives. Participants complete forms at the conclusion of each class and support group. Participant evaluation questions for each of the general objectives are as follows:

Healthful behavioral change:

- Was the information helpful?
- Did you learn a new skill?
- Will you change your lifestyle as a result of what you learned?

Convenience and relevance:

- Were the time and location convenient?
- Did the instructor meet your needs?
- Would you recommend this class to others?

The hospital recognizes that participant "lifestyle-change" statements are often considered to have a low reliability as an outcome measure. Lifestyle-change statements are, however, a good indicator of whether or not the participant has absorbed and processed pertinent information and, in the context of these community benefit services, appear to be best suited as a reporting mechanism.

Community Hospital health education classes, health fairs, support groups, and training programs served 24,257 persons in 2018, at an average cost of \$57.72 per participant. Compared to the cost of providing the service, the cost of implementing more sophisticated outcome measures (such as those involving pre- and post-testing, and independent observations with follow-up surveys) would be prohibitive.

SPECIFIC OUTCOMES

For each of the questions, the participants have three choices, two positive (definitely and somewhat) and one negative (not at all). Specific objectives were expressed in terms of the percentage of positive responses of each of the questions. The following table shows the outcomes for 2018.

OUTCOMES FOR 2018

Participant evaluation question	Percentage positive response
Healthful behavioral change	
Was the information helpful?	100%
Did you learn a new skill?	98%
Will you change your lifestyle as a result?	97%
Convenience and relevance	
Were the time and location convenient?	99%
Did the instructor meet your needs?	100%
Would you recommend this service to others?	100%

HEALTH FAIRS AND SCREENING EVENTS

Health fairs and screening events are community outreach services which offer education and screening for specific health risks. In 2018, Community Hospital offered education, screening, vaccination, and tests for the following types of diseases and risks:

- Blood glucose
- Blood pressure
- Cholesterol
- Flu Shots
- Infant/child safety
- Lung function
- Tetanus, diphtheria, pertussis vaccinations

GENERAL OBJECTIVES

The general objectives of the health fairs and screening events are as follows:

- **Risk detection, education, and referral:** Promote wellness through early detection of risk, education of participants, and referral for appropriate healthcare follow-up.

MEASURING OUTCOMES

The data compiled at health fairs and screening events to evaluate how well they meet their objectives is as follows:

Early risk detection

- Number of participants
- Number of screenings
- Number of abnormal results

Education and referral

- Follow-up and education on abnormal screening results outside normal range
- Advice on appropriate contact with family physician or healthcare resource

SPECIFIC OBJECTIVES AND OUTCOMES

The following two tables show the specific objectives and corresponding outcomes for 2018.

SPECIFIC OBJECTIVES

Evaluation measure	Objective
Early-risk detection	
Number of participants	Within +/- 10% of prior year
Number of screening tests	At least 61% of participants
Percentage of abnormal results	Not applicable
Education and follow-up for abnormal results	
Follow-up and referral	100% of applicable tests ^(a)

^(a) Tests sufficiently outside the normal range.

OUTCOMES FOR 2018

Evaluation measure	Data Value	Specific outcome
Early risk detection		
Number of participants	913 ^(a)	51% decrease from prior year
Number of screening tests	558	61% of participants
Percentage of abnormal results	61	11% abnormal results
Education and follow-up for abnormal results		
Follow-up and referral	61	100% of applicable tests

^(a) Excluding 1,000 for Big Sur International Marathon and Half-Marathon health expos.

Participant outcome was not met in 2018 due to Community Hospital's implementation of Epic, a new fully integrated electronic health information system that will enable healthcare providers to deliver more seamless, comprehensive care and share it with other providers. Meeting space and educational resources were needed for the implementation and thus some classes were canceled, delayed, or put on hold in 2018.

SECTION 7 2017-2019 implementation strategy

This section outlines Community Hospital’s plan to address our community’s highest priority health needs by sustaining and enhancing existing efforts, developing and implementing new programs and initiatives, and promoting an understanding of these health needs among other community organizations and members of the communities we serve. This is a living document that is updated as we continue to explore new opportunities, including the development of additional community partnerships, to address our top five priority health issues.

PRIORITY HEALTH ISSUES TO BE ADDRESSED

In consideration of the top health priorities identified through the community health needs assessment process described in Section 3 — and taking into account hospital resources and overall alignment with the hospital’s mission, goals, and strategic priorities — Community Hospital will focus on developing and/or supporting strategies and initiatives to address:

- Access to health services
- Nutrition, physical activity, and weight
- Diabetes
- Mental health
- Heart disease and stroke

INTEGRATION WITH OPERATIONAL PLANNING

See Section 1, Organizational participation and integration with operational planning.

COMMUNITY HEALTH NEEDS THAT ARE NOT AMONG SELECTED FOCUS AREAS AND WHY

While Community Hospital has chosen specific community health needs to address, the hospital will continue to provide a significant array of community health services in support of the other identified needs as well. Below are the identified health needs not selected for focus during the 2017-2019 implementation period, along with the reason they were not selected.

Health needs not selected for focus

Potentially disabling conditions

Dementias, including Alzheimer’s disease

Reason

The hospital and other community organizations currently provide a significant number of support groups and classes addressing this need.

The hospital currently provides several support groups addressing this need, and other community organizations are also addressing this issue.

Health needs not selected for focus

Reason

Injury and violence

This need falls more within the purview of law enforcement and other government agencies. Limited resources and lower priority excluded this as a focus area for this planning period.

Family planning

Other community organizations and classes provided by the hospital are currently addressing this need.

Substance abuse

The hospital currently provides a comprehensive treatment program, support groups, and classes addressing this need. Other community organizations are also addressing this need.

Cancer

The hospital and other community organizations currently provide a significant number of support groups and classes addressing this need, in addition to a comprehensive array of diagnostic and treatment services.

Respiratory diseases

The hospital currently offers services and education addressing this need.

IMPLEMENTATION PLANS

ACCESS TO HEALTH SERVICES

Community partners/planned collaboration

- Aspire Health Plan
- CalPERS
- Community Health Innovations
- Montage Health
- Montage Medical Group
- Monterey County Department of Social Services
- Monterey County Health Department
- Monterey Peninsula Unified School District
- Salinas Valley Memorial Healthcare System

Goal

Improve access to healthcare services and insurance coverage for individuals and families

Time frame

2017-2019

Scope

Primarily residents of the hospital's primary service area, with some of the strategies having Monterey County-wide impact

Strategies and objectives

Strategy #1: Provide funding and support aimed at improving access to primary care for underserved populations

- Provide financial support for Monterey County Health Department's medical clinics in Seaside and Marina
- Provide financial support for a school nurse assigned to underserved Monterey Peninsula Unified School District sites
- Provide financial support and staff resources for the Montage Health mobile clinic to serve the homeless population
- Provide support/clinic space for Access Support Network for HIV and AIDS patients

Strategy #2: Provide medically necessary hospital services for those who are unable to pay them

- Provide financial assistance program, which includes discounted payments and sponsored care (charity care) for medically necessary hospital services (see Appendix A for details)

Strategy #3: Recruit and retain primary care physicians, nurse practitioners, physician assistants, and physicians in specialties where a local shortage is demonstrated

- Provide financial assistance to recruit additional physicians in demonstrated-shortage specialties to practice in the community and support their ability to establish sustainable practices in the primary service area
- Require physicians who receive recruitment assistance to accept referrals from the hospital for patients with all forms of health insurance accepted by the hospital, including Medicare and Medi-Cal

Strategy #4: Increase access to affordable health insurance

- Provide Medicare Advantage insurance plan in Monterey County
- Provide assistance to the uninsured in enrolling in health insurance programs available in our county
- Provide a value-based insurance option for CalPERS enrollees in Monterey County

Anticipated impact

- Residents will have greater access to primary care and specialty physicians
- Hospital patients in need will receive the financial assistance required to get medically necessary care
- Hospital patients will receive assistance in enrolling in available insurance programs
- Residents will have enhanced options for affordable health insurance coverage

Evaluation

Strategy #1:

I Number of primary care physician/nurse Monterey County clinic visits provided in part as result of grant funding

2017 outcome: 52,922 primary care visits (40,039-Seaside and 6,883-Marina) were provided as a result of an annual \$75,000 grant to the Monterey County Department of Health's primary care clinics in Marina and Seaside to improve access to primary care for the underserved

2018 outcome: 54,631 primary care visits (47,889-Seaside and 6,742-Marina) were provided as a result of an annual \$75,000 grant to the Monterey County Department of Health's primary care clinics in Marina and Seaside to improve access to primary care for the underserved

I Dollar value and number of grants provided to support access to primary care for underserved populations

2017 outcome: Two grants totaling \$105,000 were provided to directly impact underserved populations

2018 outcome: Three grants totaling \$235,000 were provided to directly impact underserved populations

I Number of visits provided by the mobile health clinic

2017 outcome: 175 visits were provided at the weekly clinic at Walgreens in Seaside (12 clinics were held in 2017)

2018 outcome: 818 patients were seen at the mobile health clinics. There were four different clinic locations in 2018 for a total of 115 clinics

I Number of visits provided by Access Support Network as a result of funding/space provided

2017 outcome: 80 visits were provided by Access Support Network

2018 outcome: 40 visits were provided by Access Support Network

Strategy #2:

I Dollar value of care provided through the financial assistance program

2017 outcome: \$3,513,446 was provided through the financial assistance program

2018 outcome: \$3,821,927 was provided through the financial assistance program

I Number of patients benefitting from the financial assistance program

2017 outcome: 2,023 patients benefitted from the financial assistance program

2018 outcome: 2,019 patients benefitted from the financial assistance program

Strategy #3:

I Number of new physicians, nurse practitioners, and physician assistants hired in primary care and other demonstrated-shortage specialties

2017 outcome: 23 new physicians and 1 new nurse practitioner were hired

2018 outcome: 22 new physicians, 1 physician assistant, and one new nurse practitioner were hired

Strategy #4:

■ Number of enrollees in the Aspire Medicare Advantage plan

2017 outcome: 2,487 total enrollees (1,079 new enrollees in 2017) in the Aspire Medicare Advantage plan

2018 outcome: 3,460 total enrollees (1,080 new enrollees in 2018) in the Aspire Medicare Advantage plan

■ Number of individuals assisted with insurance enrollment by hospital's Patient Business Services patient advocate and the hospital-subsidized Diversified Healthcare Resources service

2017 outcome: 2,259 individuals were assisted

2018 outcome: 547 individuals were assisted

■ Number of enrollees in CalPERS exclusive provider insurance plan

2017 outcome: 2,500 enrollees in CalPERS HMO (EPO was eliminated in 2017)

2018 outcome: 2,600 enrollees in CalPERS HMO

Overall

Outcomes data for the following measures will be obtained with the updated community needs assessment in 2019:

■ Improvement (decrease) in the percentage of community residents reporting lack of health insurance in the past year as compared to the California state average on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

■ Improvement (decrease) in the percentage of community residents reporting having difficulty accessing healthcare in the past year on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

NUTRITION, PHYSICAL ACTIVITY, AND WEIGHT

Community partners/planned collaboration

- Boys & Girls Clubs of Monterey County
- Community Partnership for Youth
- Meals on Wheels of the Monterey Peninsula
- Montage Wellness Center
- Monterey County Office of Education
- Monterey County school districts (see Appendix C)
- Salvation Army

Goal

Provide programs and classes focused on prevention and disease management with an emphasis on nutrition education, physical activity, and weight-management.

Time frame

2017-2019

Scope

Residents of Monterey County

Strategies and objectives

Strategy #1: Build the capacity of Monterey County schools to provide a nutrition, physical activity, and weight management curriculum through Community Hospital's Kids Eat Right program

- Provide skilled program oversight by Kids Eat Right program coordinator
- In collaboration with school districts and county Office of Education, expand the availability of Kids Eat Right program in Monterey County public schools
- Provide clinical dietitian time and expertise to guide and teach the Kids Eat Right program

Strategy #2: Partner with organizations to support access to healthy meals and nutrition education for at-risk populations

- Provide food donations to the Salvation Army
- Provide grant funding to organizations that serve meals to at-risk populations (such as Meals on Wheels and Boys & Girls Clubs of Monterey County)
- Provide clinical dietitian time and expertise to guide the nutrition program of Boys & Girls Clubs of Monterey County
- Provide grant funding to organizations that provide physical activities and healthy snacks to at-risk children in Seaside and Marina (such as Community Partnership for Youth)

Strategy #3: Provide a variety of classes that increase physical activity, improve nutrition, and prevent/reduce falls through balance education and exercise

- Continue and expand existing exercise, balance, and strengthening classes
- Continue free classes that focus on exercise and healthy eating

Anticipated impact

- Increased community knowledge about the importance of healthy eating, physical activity, and weight management for disease management and prevention
- Improvement in health due to behavior modification
- Improved access to healthy meals for at-risk populations
- Improved access to nutrition, physical activity, and weight-management education among underserved community areas

Evaluation

Strategy #1

■ Number of participating school sites

2017 outcome: 38 school sites participated in the Kids Eat Right program

2018 outcome: 31 school sites participated in the Kids Eat Right program

■ Number of students participated/served

2017 outcome: 3,780 students participated

2018 outcome: 2,610 students participated

■ Program participant pre- and post-test results

2017 outcome: Pre- and post-test results indicate there was a 33.3% increase in nutritional knowledge

2018 outcome: Pre- and post-test results indicate there was a 33.8% increase in nutritional knowledge

Strategy #2

■ Dollar value and number of grants to support healthy meals

2017 outcome: Two grants totaling \$15,000 were provided to support healthy meals

2018 outcome: Two grants totaling \$15,000 were provided to support healthy meals

■ Number of residents served by grants

2017 outcome: Our grant funding allowed Boys & Girls Club of Monterey County to serve 1,201 residents and Meals on Wheels to serve 166 residents

2018 outcome: Our grant funding allowed Boys & Girls Club of Monterey County to serve 1,254 residents and Meals on Wheels to serve 166 residents

Strategy #3

■ Number of exercise classes and number of participants

2017 outcome: There were 7 exercise classes and 334 participants

2018 outcome: There were 12 exercise classes and 764 participants

■ Number of education classes and number of participants

2017 outcome: There were 12 education classes and 976 participants

2018 outcome: There were 19 education classes and 1,115 participants

■ Percent positive responses to healthy behavior change question on class evaluations

2017 and 2018 outcomes:

SPECIFIC OBJECTIVES (NUTRITION, ACTIVITY, WEIGHT)

Participant evaluation questions	2017	2018
Healthful behavioral change		
Was the information helpful?	100%	100%
Will you change your lifestyle as a result?	99%	99%
Convenience and relevance		
Were the time and location convenient?	100%	100%
Would you recommend this service to others?	100%	100%

Overall goal

■ Improvement (decrease) in the percentage of residents reporting being overweight in the past year on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

DIABETES

Community Partners/Planned Collaboration

- Anthem Blue Cross
- Aspire Health Plan
- Central Coast YMCA
- Community Health Innovations
- Montage Health
- Montage Medical Group
- Montage Wellness Center
- Monterey County Health Department
- Monterey-Salinas Healthcare Collaborative
- Natividad Medical Center
- Omada Health
- Pajaro Valley Community Health Trust
- Rotacare Clinic
- Salinas Valley Medical Clinic
- Salinas Valley Memorial Healthcare System
- Salud Para La Gente
- Solera4me

Goal

Improve access to prediabetes and diabetes education and care

Time Frame

2017-2019

Scope

Residents of Monterey County

Strategies and objectives

Strategy #1: Increase awareness and identification of prediabetes and diabetes

- Develop and implement community outreach to both the public and providers to increase awareness of the disease, diabetes and prediabetes screening recommendations, and related education opportunities
- Increase availability of prediabetes and diabetes self-assessment tools and medical screening
- Expand the number of local organizations and key stakeholders that collaborate with the Monterey-Salinas Healthcare collaborative's diabetes Initiative

Strategy #2: Improve access to prediabetes and diabetes education and prevention services, particularly where limited access currently exists

- Increase utilization of existing education and prevention services by supporting the referral process from physicians and other medical providers
- Provide education about qualification criteria for prediabetes and diabetes education programs in both public and provider community
- Increase availability of online and telephonic education programs

Strategy #3: Improve access to endocrinology services for individuals diagnosed with diabetes

- Initiate referrals from hospital to ambulatory endocrinology care

Anticipated impact:

- Improved access to self-assessment and medical screening for prediabetes and diabetes
- Improved access to education and prevention services
- Increased program enrollment and participation

Evaluation:

Strategy #1:

■ Number of health fairs/health-related events

2017 outcome: There were 12 health fairs and 5 health-related events

2018 outcome: There were 8 health fairs/health-related events

■ Number of participants

2017 outcome: There were 1,877 participants at health fairs and health-related events

2018 outcome: There were 913 participants at health fairs and health-related events

■ Number of screenings

2017 outcome: There were 761 total screenings (205 glucose screenings)

2018 outcome: There were 558 total screenings (203 glucose screenings)

■ Number of organizations collaborating with the diabetes initiative

2017 outcome: 10 organizations collaborated

2018 outcome: 14 organizations collaborated

■ Utilization of the online www.chomp.org diabetes risk assessment (screening tool)

2017 outcome: 457 people completed the online diabetes risk assessment

2018 outcome: 754 people completed the online diabetes risk assessment
(HRA discontinued at the end of 2018)

Strategy #2:

■ Number of locations providing diabetes education

2017 outcome: 4 locations provided diabetes education

2018 outcome: 5 locations provided diabetes education

■ Number of classes offered

2017 outcome: 2 classes were offered

2018 outcome: 4 classes were offered

■ Number of support groups offered

2017 outcome: 2 support groups were offered

2018 outcome: 2 support groups were offered

■ Number of physician/provider referrals

2017 outcome: There were 795 referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy and 341 referrals to the diabetes initiative

2018 outcome: There were 1,534 referrals from physicians/providers to Outpatient Diabetes and Nutrition Therapy and 134 referrals to the diabetes initiative

■ Number of Outpatient Diabetes and Nutrition Therapy diabetes self-management education (DSME) program participants

2017 outcome: 220 people participated in the Diabetes Self-Management Education program

2018 outcome: 230 people participated in the Diabetes Self-Management Education program

■ Participant evaluations or self-reported behavior change

2017 outcome: Data was not collected in 2017. Coordinators are developing an evaluation tool for 2018.

2018 outcome: More than 50 percent of participants completed the 4-class series. Of those participants, some set physical activity as a behavioral goal; 65 percent achieved this goal 75-100 percent of the time. A smaller number of participants chose nutrition as their goal; 82 percent achieved this goal 75-100 percent of the time.

Strategy #3:

■ Number of hospital-initiated referrals to ambulatory endocrinology care

2017 outcome: There were 264 referrals from the hospital to ambulatory endocrinology care

2018 outcome: There were 192 referrals from the hospital to ambulatory endocrinology care

Overall

■ Improvement (decrease) in the percentage of residents reporting a diabetes diagnosis in the past year on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

■ Improvement (decrease) in the percentage of residents reporting a prediabetes or borderline diabetes diagnosis in the past year on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

■ Improvement (decrease) in the percentage of seniors (age 65+) residents reporting a diabetes diagnosis in the past year on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

Note: We anticipate a possible increase in the prevalence of prediabetes and/or diabetes as we enhance awareness, identification, and access to prediabetes/diabetes screening and education.

MENTAL HEALTH

Community partners/planned collaboration

■ Montage Health

■ Montage Medical Group

■ Monterey County schools

Goal

Improve access to general mental health services, improve identification of depression, and reduce the impact of bullying in middle schools.

Time frame

2017-2019

Scope

Monterey County residents

Strategies and Objectives

Strategy #1: Support and improve access to care for mental health services

- Increase the number of mental health practitioners in Outpatient Behavioral Health Services at Hartnell Professional Center and/or available individual appointments
- Provide financial assistance program, which includes discounted payments and sponsored care (charity care) for hospital-provided mental health services

Strategy #2: Improve identification of depression and referrals to available resources

- Convene a multi-agency collaborative group to identify appropriate self-screening tools and resources, and determine appropriate methods of information distribution
- Make self-assessment tools and resource information available through the distribution channels identified

Strategy #3: Educate Monterey County middle-school students concerning anti-bullying

- Expand the number of local schools providing a program for their students to learn anti-bullying techniques

Anticipated Impact

- Improved access to outpatient mental health services
- Improved identification of individuals with depression and their connection with available resources
- Reduced impact of bullying behaviors in local middle schools

Evaluation

Strategy #1:

- Number of visits (MD/therapist/nurse practitioner)

2017 outcome: There were 25,882 visits to Outpatient Behavioral Health Services

2018 outcome: There were 31,036 visits to Outpatient Behavioral Health Services

- Number of new evaluations

2017 outcome: 1,280 new evaluations

2018 outcome: 4,103 new evaluations

- Number of practitioner full-time employees (FTE) at Hartnell Professional Center

2017 outcome: Doctors and Nurse Practitioners = 9.2 FTEs, Therapists = 3.6 FTEs

2018 outcome: Doctors and Nurse Practitioners = 12.5 FTEs, Therapists = 4.5 FTEs

■ Dollar value of mental healthcare provided through the financial assistance program

2017 outcome: \$766,124.41 in mental healthcare was provided through the financial assistance program

2018 outcome: \$902,374 in mental healthcare was provided through the financial assistance program

■ Number of mental health patients benefitting from the financial assistance program

2017 outcome: 196 mental health patients benefitted from the financial assistance program

2018 outcome: 202 mental health patients benefitted from the financial assistance program

Strategy #2:

■ Number of collaborating organizations and mental health professionals

2017 outcome: 2 organizations (Community Hospital of the Monterey Peninsula and Community Health Innovations) and 5 mental health professionals met to develop a class about depression. "Understanding Depression" will begin in 2018

2018 outcome: 2 organizations (Community Hospital of the Monterey Peninsula and Community Health Innovations) provided 3 "Understanding Depression" classes

■ Number of information distribution channels deployed for self-assessment tools and referral resources

2017 outcome: This is in progress. Some tools and referral resources will be distributed at the "Understanding Depression" classes

2018 outcome: The depression assessment tool (PHQ-9) was geared toward TMS (Transcranial Magnetic Stimulation) referrals

Strategy #3:

■ Number of schools presenting anti-bullying program

2017 outcome: 2 schools presented anti-bullying program

2018 outcome: Anti-bullying program was not held in 2018 due to the retirement of the lead therapist

■ Number of participants

2017 outcome: 124 students participated in the anti-bullying program

2018 outcome: Anti-bullying program was not held in 2018 due to the retirement of the lead therapist

■ Participant feedback and evaluations

2017 outcome: Facilitators did not collect student evaluations

2018 outcome: Anti-bullying program was not held in 2018 due to the retirement of the lead therapist

Overall goal

■ Improvement (lower percentage) in primary service area residents reporting fair/poor mental health on the 2019 community health needs assessment as compared to the 2016 assessment

2017 outcome: Not available until the 2019 community health needs assessment

2018 outcome: Not available until the 2019 community health needs assessment

HEART DISEASE AND STROKE

Community partners/planned collaboration

- Community physicians
- Montage Medical Group

Goal

Provide education and services focused on preventing and managing stroke and heart disease

Time Frame

2017-2019

Scope

Monterey County residents

Strategies and objectives

Strategy #1: Increase individual awareness of personal heart risk

- Provide health risk assessment (HRA) through web-based campaign, including referrals to physicians and/or classes as appropriate to risk category
- Provide “Know Your Numbers” appointments to assess cardiac biometric data and review health risk assessment with clinician

Strategy #2: Provide a variety of classes, support groups, prevention programs, and lectures on heart disease and stroke

- Provide classes, support groups, and lectures on various risk factors for heart disease
- Provide monthly stroke education series
- Provide blood pressure screening at health fairs

Anticipated Impact

- Improved awareness of heart risk will lead those at higher risk to seek appropriate diagnostic testing and intervention, as well as lower risk through lifestyle changes
- Increased knowledge of symptoms of heart disease and stroke will lead to earlier, appropriate intervention

Evaluation

Strategy #1:

■ Number, demographics, and cardiac risk of health risk assessment participants

2017 outcome: 495 people completed the heart health risk assessment. Specific demographic data (age, gender, and ethnicity) not collected on “completers” only on total “users” that started but did not complete the assessment

10-year risk	Users	Percentage
High-existing condition	112	23%
High	18	4%
Moderate	128	26%
Low	179	36%
Unknown	58	12%

CARDIOVASCULAR DISEASE 10-YEAR RISK

2018 outcome: 327 people completed the heart health risk assessment. (HRA discontinued at the end of 2018)

10-year risk	Users	Percentage
High-existing condition	103	31%
High	22	7%
Moderate	71	22%
Low	109	33%
Unknown	22	7%

CARDIOVASCULAR DISEASE 10-YEAR RISK

■ Number of Know Your Numbers participants

2017 outcome: 14 people participated in the Know Your Numbers appointments

2018 outcome: 8 people participated in the Know Your Numbers appointments

Strategy #2:

■ Number of health screenings, blood pressure screenings, and health fairs

2017 outcome: 9 health screenings, 2 blood pressure screenings, and 12 health fairs were held

2018 outcome: 5 health screenings, 1 blood pressure screening, and 8 health fairs were held

■ Number of participants in health screenings, blood pressure screenings, and health fairs

2017 outcome: There were 761 participants in health screenings, 57 participants in blood pressure screenings, and 1,877 participants in health fairs

2018 outcome: There were 558 participants in health screenings, 8 participants in blood pressure screenings, and 913 participants in health fairs

■ Number of participants and participant feedback in classes, prevention programs, and lectures on heart disease and/or stroke

2017 outcome: There were 2,980 participants

2018 outcome: There were 1,265 participants

SPECIFIC OBJECTIVES (HEART DISEASE AND STROKE)

Participant evaluation questions	2017	2018
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Healthful behavioral change		
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Was the information helpful?	96%	100%
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Will you change your lifestyle as a result?	95%	99%
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Convenience and relevance		
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Were the time and location convenient?	87%	100%
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Would you recommend this service to others?	100%	100%
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APPENDIX A

Charity-care policy

COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA DP-5.6630

Patient Business Services policy: Financial assistance programs — sponsored care and discount payment

A. PURPOSE

As declared in our mission statement, Community Hospital of the Monterey Peninsula is committed to caring for all who come through our doors, regardless of ability to pay, to the fullest extent allowed by law and available resources. This policy is intended to provide the framework of our Sponsored Care Program and Discount Payment Program.

B. POLICY

- A. Uninsured patients and patients with high medical costs whose income is at or below 350 percent of the federal poverty level are eligible to apply for financial assistance for medically necessary hospital and hospital-based physician services provided by Community Hospital of the Monterey Peninsula. Qualifying applicants will be granted the highest award for which they are eligible.
 1. Sponsored Care — This program may give patient a discount of up to 100 percent on the services she or he received. To qualify, the patient's gross family income must not be higher than 250 percent of the federal poverty level. Patients must provide information and documentation about their family members' income and the value of assets and about any health benefits coverage they have.
 2. Discount Payment Program — This program may give patient a discount to reduce the amount she or he owes. To qualify, the patient's gross family income must not be higher than 350 percent of the federal poverty level. Patients must provide information and documentation about their family members' income and the value of assets and about any health benefits coverage they have.
- B. Applications from patients whose income is above 350 percent of the federal poverty level will also be thoroughly reviewed, and awards will be granted on a case-by-case basis.
- C. Emergency department physicians who provide emergency medical services at Community Hospital are required to provide discounts to uninsured patients and patients with high medical costs whose income is at or below 350 percent of the federal poverty level.
- D. Current and prospective patients may apply for the Sponsored Care Program or the Discount Payment Program. Information about these programs is available at all patient intake and treatment locations within Community Hospital facilities and is provided to each patient presenting for services. An application for the Sponsored Care and Discount Payment programs will be provided to all patients who request one. Additionally, enrollment counselors are available to provide information and applications for Medi-Cal, Medicare, California Health Benefit Exchange, and other available government programs. A pre-screening interview may be done with patients to ensure that they meet the basic eligibility criteria.

E. The criteria Community Hospital of the Monterey Peninsula will follow in verifying a patient's eligibility for financial assistance programs are described in this policy. Upon approval, financial assistance is provided through one of two programs: (1) the Sponsored Care Program; or (2) the Discount Payment Program. These programs may cover all or part of the cost of services provided, depending on the patient's eligibility, income, and resultant ability to pay for services. The Sponsored Care and Discount Payment programs are intended for patients whose personal or family financial ability to meet hospital expenses is absent or demonstrably restricted, and the benefits provided by the hospital under these programs inure to the patient. The minimum requirement for both programs is stated below and is based upon the patient's combined family income as a percentage of the applicable federal poverty level (FPL) as published annually in the Federal Register (<http://aspe.hhs.gov/poverty>). Given Community Hospital of the Monterey Peninsula's service area demographics, available resources, and mission to meet the healthcare needs of its community, financial assistance is available for patients with income levels up to 350 percent of the FPL for the patient's family size. Community Hospital's Sponsored Care and Discount Payment programs are intended to fully comply with the Hospital Fair Pricing Policies Act and Section 501(r) of the Internal Revenue Code. This policy is intended to be stated as clearly and simply as possible for the benefit of our patients.

Applying for assistance

- A. Applications for Sponsored Care or Discount Payment program must be submitted to the Care Coordination Services department prior to service or to the Patient Business Services or Patient Access department during and/or after receiving services by using the Application for Sponsored Care or Discount Payment Program. The application must be received within 240 days of the original bill date. Incomplete applications will be kept on file until all information is received. In addition to a completed application, a letter explaining the patient's circumstances and/or a letter from the person(s) providing living assistance to the patient may be required to determine eligibility. See Eligibility Criteria below.
- B. A patient (or a patient's legal representative) who requests Sponsored Care or Discount Payment, must make every reasonable effort to provide documentation of income and health benefits coverage. Uninsured patients, who are eligible for a government-sponsored health benefit plan, or health benefit coverage through the California Health Benefit Exchange with a government subsidy, will be encouraged to apply for those programs and comply with the application requirements for those programs. This also applies to patients who are at or below 138 percent of the federal poverty level, who are eligible for modified adjusted gross income Medi-Cal. Hospital enrollment counselors will be available to assist patients with the application process for government-sponsored health benefit plans, health benefit coverage through the California Health Benefit Exchange, Medi-Cal, Medicare, and other available programs. When patients do not cooperate with the enrollment counselors, Community Hospital will make reasonable effort, through letters and telephone calls, to encourage patients to cooperate prior to its review and decision regarding Sponsored Care and/or Discount Payment eligibility. Applications may be denied and the associated account(s) referred to a collection agency if documentation sufficient to determine eligibility is not provided.
- C. If a patient applies or has a pending application for another health coverage program at the same time they apply for the hospital Sponsored Care or Discount Payment Program, the pending status of either application shall not prevent or delay the review of or action on the other.

D. This policy applies only to emergency and medically necessary services provided by Community Hospital. Services provided at a hospital facility by private healthcare providers, such as personal physicians and ambulance conveyance, are not covered by the Sponsored Care and Discount Payment programs. Community Hospital maintains a list of providers delivering emergency or other medically necessary care covered by the Sponsored Care and Discount Payment programs. The list is available on the hospital's website at: <http://www.CHOMP.org>. These programs are available only for emergency and medically necessary services provided by Community Hospital that are not paid for by any other government programs and/or funding sources, including third-party insurance coverage for which an individual applicant is eligible. See the list of non-covered services below.

Non-covered services

- A. All healthcare services not billed by Community Hospital, such as non-hospital based physician services and ambulance transportation;
- B. Non-medically necessary bariatric surgery;
- C. Cosmetic services;
- D. Services which, in the opinion of competent hospital staff, are provided only as a stop-gap when a patient is staying at the hospital, or at Westland House, for the convenience of the family and/or physician;
- E. Non-medically indicated care;
- F. Durable medical equipment;
- G. Oxygen and oxygen supplies, except when pre-approved;
- H. Any service or product considered to be experimental;
- I. Services or products unapproved for patient use by the FDA; and
- J. Services or products that would effectively place the hospital in the position of having to provide such services or products for extended periods

Discount payment program

- A. Community Hospital of the Monterey Peninsula is committed to providing qualifying uninsured patients and patients with high medical costs, as defined below, with a discount that exceeds that provided to participants in the Medicare program. The Medicare program, currently the highest paying government-sponsored health benefit program accepted by Community Hospital of the Monterey Peninsula, currently reimburses the hospital an average of 35 percent of total charges, representing a 65 percent discount. However, as an expanded benefit to patients who qualify for the Discount Payment Program, the patient's obligation will be limited to 29 percent of total charges, representing a 71 percent discount. No individual who qualifies for the Discount Payment Program will be charged more than the amount generally billed ("AGB") by Community Hospital to individuals who have insurance covering such emergency and/or medically necessary care. Community Hospital calculates the AGB using the prospective Medicare method described in 26 C.F.R. § 1.501(r)-5(b)(4).
- B. Uninsured patients who qualify for the Discount Payment Program will also be eligible for a zero-interest extended payment plan on the remaining balance. Insured patients who are eligible for the Discount Payment Program due to high medical costs as defined below will receive a 100-percent discount on all charges in excess of the amount paid by their insurance, provided their insurance has paid at least 29 percent of total charges.
- C. The total gross charge for services and the discount to be applied will be shown on the award letter. These discounts apply to co-payments, deductibles, co-insurance amounts, and non-covered medical amounts.

D. Demonstrating Eligibility

1. Uninsured patients and patients with high medical costs applying for the Discount Payment Program are required to provide documentation of family income in the form of three months of recent pay stubs or the prior year's tax return. If the patient is from out of the country, the hospital may request an affidavit to prove income eligibility. For purposes of determining eligibility, neither retirement or deferred compensation plans qualified under the Internal Revenue Service code nor nonqualified deferred compensation plans shall be included. Qualifying income must not exceed 350 percent of the applicable federal poverty level. Patients claiming to have high medical costs must demonstrate proof of costs incurred at the hospital or paid medical expenses as outlined in the Definition section of this policy.

E. Payment Plan

1. Patients who qualify for the Discount Payment Program will also be eligible for an interest-free payment plan not to exceed 72 months in duration. In situations where an agreement cannot be reached, a minimum monthly payment amount should not exceed 10 percent of the patient's monthly income (after essential living expenses). Any payment plan that remains unpaid for 90 consecutive days will be declared delinquent, and may be advanced for collection activity after attempts have been made to renegotiate the terms of the defaulted payment plan. *See Procedure for Financial Assistance Program, Sponsored Care and Discount Payment Program attached.*

Sponsored Care (free care)

- A. Community Hospital of the Monterey Peninsula is committed to providing qualifying uninsured patients and patients with high medical costs, as defined below, with a 100 percent discount on the amount determined to be due from the patient. This discount applies to co-payments, deductibles, co-insurance amounts, and non-covered amounts.

B. Demonstrating eligibility

1. Uninsured patients and patients with high medical costs applying for Sponsored Care are required to provide documentation of family income in the form of three months of recent pay stubs or the prior year's tax return. Patients claiming to have high medical costs must demonstrate proof of costs incurred at the hospital or paid medical expenses as outlined in the Definition section of this policy. Additionally, documentation of monetary assets must be provided; this includes documentation of assets held in trust for the patient's benefit and those held in a special needs trust. Neither assets held in retirement or deferred compensation plans qualified under the Internal Revenue Service code nor nonqualified deferred compensation plans, shall be included. Any patient who owns an interest in more than one parcel of real property or whose family assets include an interest in more than one parcel of real property will not be eligible for Sponsored Care.
2. When determining eligibility for the Sponsored Care Program, the first \$10,000 in assets is not counted in determining the patient's assets and the hospital will only consider 50 percent of the patient's monetary assets over the first \$10,000. After excluding the first \$10,000 and 50 percent of the remaining assets, the patient's assets must not exceed \$50,000 in order to qualify.
3. The hospital may require written consent from the patient or the patient's family authorizing the hospital to obtain account and real estate ownership information from financial or commercial institutions or other entities that hold or maintain the monetary and real property assets in order to verify their value.

Dispute process

Any patient who wishes to dispute the determination made on their application for assistance may request a review of the original application by the director of Patient Business Services, provided the request is submitted in writing within 30 days of the latest denial date. The director's eligibility determination will be final.

Special circumstances

Uninsured patients and patients with high medical costs with income that exceeds 350 percent but is less than 500 percent of the applicable federal poverty level will be awarded a 25 percent discount and will also be eligible for a zero-interest extended payment plan for the remaining balance.

Payments in excess of amount due after discount

Community Hospital of the Monterey Peninsula will reimburse patients for any amount actually paid in excess of the amount due after Sponsored Care or Discount Payment approval. Interest on the excess payment will also be provided; such interest is calculated from the date the patient payment was received by Community Hospital of the Monterey Peninsula. This does not apply to overpayments of less than \$5, but a credit in the amount due will be available for the patient to apply to future services received up to 60 days from the date the amount is due to the patient.

Policy maintenance and reporting

This policy document is to be reviewed annually for consistency with all applicable laws and available resources. Additionally, this information must be submitted to Office of Statewide Health Planning and Development every other year on January 1, or whenever a significant change is made. In order to make the Sponsored Care and Discount Payment policies available to the community, the hospital will publish the policy and application on the hospital website and include information about how to apply in its initial billing statements.

Practice

See procedure document *Financial Assistance Program, Sponsored Care and Discount Payment* attached.

Definitions

The following terms have the following meanings:

- A. *Federal poverty level* means the poverty guidelines specific to income and family size which are updated periodically in the Federal Register by the United States Department of Health and Human Services under authority of subsection (2) of Section 9902 of Title 42 of the United States Code.
- B. *A patient with high medical costs* means a person whose family income does not exceed 350 percent of the applicable federal poverty level who has:
 - 1. annual out-of-pocket costs incurred as a result of services provided by the hospital that exceed 10 percent of the patient's family income in the prior 12 months;
 - 2. annual out-of-pocket medical expenses that exceed 10 percent of the patient's family income, if the patient provides documentation of the patient's or family medical expenses paid by the patient or the patient's family in the prior 12 months.

C. *Patient's family* means the following:

1. For persons 18 years of age and older, family includes spouse, domestic partner as defined in Section 297 of the Family Code, and dependent children under 21 years of age, whether living at home or not.
2. For persons under 18 years of age, family includes parent, caretaker relatives, and other children under 21 years of age of the parent or caretaker relative.

D. *Hospital-based physicians* means the doctors who provide services at Community Hospital and are billed under Community Hospital's PIN. These include Emergency department physicians, radiologists, pathologists, cardiologists, radiation oncologists, and psychiatrists.

APPENDIX B

Community benefit guidelines

Community Benefit Program

MISSION:

Community Hospital is committed to taking a leadership role in assessing and improving the health status of the people in the communities we serve. Under the auspices of our Community Benefit Program, we directly provide and financially support programs that achieve those objectives.

We recognize that community health is as much a social, economic, and environmental issue as a medical one and that no hospital or single provider can improve community health alone. In addition to direct services provided throughout our healthcare system, we work in partnership with other providers and award grants to support independent projects, particularly those which involve collaboration among organizations.

SCOPE:

Community Hospital's Community Benefit Program includes two primary elements:

1. Direct Provision of Services

Community Hospital is a nonprofit, integrated healthcare delivery system providing healthcare services from birth to end of life. Services include acute medical and surgical care, skilled nursing care, emergency care, outpatient and home-based services, satellite laboratories, mental health clinics, chemical dependency treatment, health education and wellness programs, and hospice care. Many of these services are provided free or at very low cost, and Sponsored Care is available for those in financial need.

Community Benefit Fund

Community Hospital makes grants from the Community Benefit Fund to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within our service area.

Community Hospital gives higher priority to projects that:

- increase access to healthcare for residents of our community (the highest priority)
- involve collaboration among organizations
- make appropriate use of Community Hospital's clinical expertise

Grants are awarded under the following Community Benefit Program objectives:

- **Building healthy communities** — assessing community health needs; addressing the health-related goals identified by regional collaboratives such as the TELLUS Project and Community of Caring Monterey Peninsula.
- **Health education and wellness** — improving the individual's knowledge of health risks and the impact of lifestyle choices on those risks; strengthening the individual's role in self-care and management of health and disease; early detection of health problems; and enhancing the competence of healthcare professionals.
- **Improving access to care** — removing barriers to receiving healthcare services, particularly primary care (currently the highest priority).

■ **Special care for special needs** — meeting the physical and behavioral healthcare needs of those at risk due to age, domestic or other violent crime, chemical dependency, mental illness, HIV status, or socioeconomic status. Grants from the Community Benefit Fund are generally single-year commitments from \$250 to \$10,000 to support current or new programs consistent with the mission of Community Hospital and our Community Benefit Program.

Community Hospital does not make grants to organizations that discriminate in the hiring, advancement, or recruitment of employees or volunteers (including board members) or in the provision of services on the basis of sex, (including gender and gender identity), race, religion, national origin, physical or mental disability, sexual orientation, age, color, ancestry, marital status, pregnancy, citizenship, medical condition, veteran status, or genetic information.

Community Hospital does not generally make grants to support individuals; capital projects or endowment funds; or clinical research projects. Solicitation of Community Hospital employees for contributions of money or time on behalf of grant recipients is prohibited.

GRANTMAKING PROCESS:

The Community Benefit Program, including program objectives and priorities, is reviewed and approved by Community Hospital's Board of Trustees annually. An annual Community Benefit Plan is prepared in compliance with S.B.697 and submitted to the Office of Statewide Health Planning and Development; summaries of the plan are published in Community Hospital publications and the local newspaper, and complete copies are available to any interested party.

Applications in the form of letter proposals are accepted at any time and are reviewed as received. Grant decisions are made by the hospital's President's Administrative Committee. Prospective applicants are encouraged to call to discuss the hospital's potential interest in the project or send a brief letter proposal to:

Cynthia L. Peck, Vice President
Community Hospital of the Monterey Peninsula
P.O. Box HH
Monterey, California 93942
(831) 625-4518 (831) 625-4948 fax

Letter proposals should include:

- Name and brief description of the organization applying for the grant
- Summary description and timeline of the proposed project or program
- Amount requested and specific purpose of the grant
- Total cost of the proposed project or program
- Identification of any organizations collaborating on the proposed project or program
- Relevance of the project or program to the mission of Community Hospital and our Community Benefit Program
- Statement that the organization is, and will remain so for the duration of the program for which the grant is being sought, in full compliance with Community Hospital's non-discrimination policy as described above
- Tax Identification Number
- Internal Revenue Source Code (for example 501c3)
- Name, address, and telephone number of contact person who can provide additional information if needed

APPENDIX C

Community benefit collaborators

BUSINESS ORGANIZATIONS

AT&T Pebble Beach National Pro-Am Tournament
Bojuka Ryu School of Martial Arts
California Highway Adoption Company
Carmel Tasting Room
Chamisal Tennis & Fitness Club
Club at Crazy Horse Ranch, The
Del Monte Aviation-Monterey FBO
Del Monte Shopping Center
Digital First Media News Service
Forest Hill Manor
Hahn Family Wines
ITD Building
KION TV
KSBW TV
Lucky Supermarket
Lyon Software, Inc.
Meadowbrook Swim and Tennis Club
Monterey Bay Kayaks

Monterey Bay Sea Otters Dive Club
Monterey County Herald
Monterey Jet Center
Monterey Peninsula Country Club
Natividad Nursery
Nicklaus Club - Monterey
Pacific Grove Golf Links
Pacific Meadows Senior Housing, L.P.
Plant Tape USA
Poppy Hills Golf Course
Santa Lucia Preserve
Steinbeck House Restaurant
Tanimura & Antle
Three-Star Lettuce Gonzales
Tribune Content Agency
Twin Creeks Golf Course
VGS Carton Yard

COMMUNITY GROUPS AND NONPROFIT ORGANIZATIONS

AIM for Mental Health
Amateur Radio Group of Monterey
Animal Friends Rescue Project
Aromas Bible Church and Preschool
Aromas Grange
Bethlehem Lutheran Church
Big Sur Land Trust
Big Sur Marathon Foundation
Blind and Visually Impaired Center
Boys and Girls Clubs of Monterey County
Buddhist Temple of Salinas
California Product Stewardship Council
Calvary Baptist Church
Carmel Foundation, The
Carmel Valley Kiwanis Club
Carmel Valley Manor
Carmel Youth Center
CASA of Monterey County
Catholic Charities
Center for Employment Training
Child Abuse Prevention Council of Monterey County
Christian Church of Pacific Grove
Church of the Good Shepherd
Ciclovía Gonzales
Community Church of the Monterey Peninsula
Community Emergency Response Team

Community Homeless Solutions
Community Partnership for Youth
Community Reuse Network
Compass Church
Covenant Presbyterian Church
Digital Nest
Ecology Action
El Estero Presbyterian Church
Elk's Lodge, Monterey
First 5 of Monterey County
First Baptist Church
First Presbyterian Church
First Tee, Salinas
First United Methodist Church
Food Bank for Monterey County
Franciscan Workers of Junipero Serra
Gateway Center of Monterey County, Inc.
Gathering for Women
Girl Scouts, Monterey Bay Chapter
Greater Victory Temple
Habitat for Humanity
Hartnell Little League
Interim, Incorporated
ITN Monterey County
Jr. Giants Marina
Kernes Adaptive Aquatics

Kinship Center
 Life Foundation, The
 Loaves, Fishes and Computers
 Lutheran Church of Our Savior
 Lutheran Church of the Good Shepherd
 Meals on Wheels of the Monterey Peninsula
 Monterey Bridge Center
 Monterey Church
 Monterey County Agricultural Education, Inc.
 Monterey County Diabetes Initiative
 Monterey County Rape Crisis Center
 Monterey Jazz Festival
 Monterey Peninsula Foundation
 Monterey Peninsula Yacht Club
 Monterey Sober Living for Women
 Mount Nebo Missionary Church
 MY Museum
 Northminster Presbyterian Church, Salinas
 Pebble Beach Zombie Race and Emergency Preparedness Fair
 Rancho Cielo Youth Campus
 Safe Place

Salinas Valley Community Church
 Salvation Army Monterey Peninsula Corps
 Second Harvest Food Bank
 Shoreline Community Church
 Soroptimist International of Carmel Bay
 SPCA of Monterey County
 St. Joseph's Church
 St. Jude's Church and Shrine
 Twin Lakes Church
 Unitarian Universalist Church of Monterey
 United Way of Monterey County
 University Village Apartments
 Veteran's Transition Center
 YMCA of the Monterey Peninsula
 YMCA of Monterey County
 YMCA of North Monterey County
 YMCA, Salinas Community
 YMCA, San Benito County
 YMCA, South Monterey County
 YMCA, Watsonville Family

EDUCATIONAL ORGANIZATIONS

A.T. Still University
 Alisal Union School District
 All Saints' Day School
 Aromas-San Juan Unified School District
 Cabrillo Community College
 California State University, Monterey Bay
 Carmel Unified School District
 Central Coast College
 Chartwell School & The New High School Project
 Greenfield Unified School District
 Hartnell Community College
 Head Start, Salinas - Monterey County Office of Education
 HealthImpact
 Humboldt State University
 International School of Monterey
 King City Unified School District
 Lagunita Elementary School District
 Loma Linda University
 Middlebury Institute of International Studies
 Monterey Bay Aquarium Research Institute
 Monterey County Office of Education
 Monterey Peninsula College
 Monterey Peninsula Unified School District
 Naval Postgraduate School
 North Monterey County Unified School District

Notre Dame High School
 Outward Bound California
 Pacific Grove Museum of Natural History
 Pacific Grove Unified School District
 Pajaro Valley Unified School District
 Palma High School
 Rocky Mountain University
 Salinas City Elementary School District
 Salinas Union High School District
 San Antonio Union School District
 San Ardo Union Elementary School District
 San Carlos School, Monterey
 San Lucas Union Elementary School District
 Santa Catalina High School
 Santa Rita Union School District
 Soledad Unified School District
 Spreckels Union School District
 Stevenson School
 University of California, San Francisco
 University of New Hampshire
 University of the Pacific
 Washington Union School District
 Western University of Health Sciences
 York School

HEALTH-RELATED ORGANIZATIONS

ALS Association
Alzheimer's Association
American Bone Health
American Cancer Society
American Heart Association
American Medical Response
American Parkinson Disease Association
American Physical Therapy Association
American Red Cross
Arthritis Foundation
Balance Physical Therapy
Beach Flats Health Center
Big Sur Health Center
Breast Cancer Assistance Group of Monterey County
California Physical Therapy Association
Central Coast Quality of Life Programs
Coastal Kids Home Care
Dientes Community Dental Care
Doctors on Duty
Eden Valley Care Center
Elderday Adult Day Health Care
Healthcare Foundation of Northern and Central California
Healthy Mothers, Healthy Babies
Hospital Council of Northern and Central California
Laurel Family Practice Clinics
Medshare International

Montage Health Mobile Health Clinic
Monterey Bay Sleep Center
Monterey Peninsula Dental Group
Monterey Peninsula Pediatric Medical Group
Monterey Prescribe Safe
Monterey Spine and Joint Center
Natividad Medical Center
Nurses Improving Care for Health System Elders
Pacific Grove Convalescent Hospital
Pacific Rehabilitation and Pain
Park Lane Senior Residence
Pulmonary Associates of the Monterey Peninsula, Inc.
Relay for Life, Monterey
Rite Aid Pharmacy
Rotacare Bay Area Inc.
Salinas Dialysis Center
Salinas Valley Memorial Healthcare System
Salinas Valley Plastic Surgery Associates
Soledad Community Healthcare
Sun Street Center
Sunrise Care Center
Vantage Eye Center
Vantage Surgery Center
Walgreen's
Watsonville Community Hospital

PUBLIC AGENCIES

Agricultural Commissioner's Office
Association of Monterey Bay Area Governments (AMBAG)
Cal Fire – California Department of Forestry & Fire Protection
California Department of Fish and Game
California Highway Patrol
Carmel Regional Fire & Ambulance Authority
City of Monterey
City of Pacific Grove
City of Seaside
King City
Marina Department of Public Safety
Marina PAL
Marina Police Department
Mission Creek Station, Jolon
Monterey Bay Unified Air Pollution Control District
Monterey County Child Support Services
Monterey County Department of Health
Monterey County Department of Health-Clinic Services Bureau
Monterey County Department of Housing
Monterey County Juvenile Hall
Monterey County Office of Emergency Communication 911
Monterey County Office of Emergency Services

Monterey County Probation Department
Monterey County Public Health Preparedness
Monterey County Sheriff Search and Rescue
Monterey County WIC Program
Monterey Peninsula Regional Park District
Monterey Police and Fire Departments
Monterey Regional Airport
Monterey Regional Waste Management District
Monterey-Salinas Transit
NSA Monterey Office of Emergency Management
Pacific Grove Police Department
Pebble Beach Fire Department
Presidio of Monterey Fire Department and Emergency Management
Prunedale Senior Center
Salinas Municipal Pool
Salinas Sports Complex and Rodeo
Salinas Valley Solid Waste Authority
Sand City
Santa Cruz Metropolitan Transit District
Seaside Police and Fire Departments
Soledad Mission Recreation District

APPENDIX D

Master list of services

TITLE OF SERVICE	DESCRIPTION OF SERVICE
Advanced healthcare planning class	Class to assist with completion of form to document participants' wishes for treatment and care and to submit this form into participants' electronic medical records.
Advanced Pilates for bone building	Challenging pilates-based class focusing on alignment, breathing and core control, balance, spinal mobility, and postural correction.
Advanced weight-loss surgery support group	A support group for individuals who have already undergone weight-loss surgery at least 12 months prior to program involvement.
Aftercare support groups/ continuing care groups	Help for Recovery Center patients and families to stay drug-free.
Alzheimer's family support group	Biweekly support group to provide families of patients with Alzheimer's disease with information, education, and support.
Athlete Playbook	Program and service designed to provide school coaches and athletes with organized, custom tools to support students' athletic development needs.
AT&T National Pro-Am Golf Tournament medical support	Registered nurse volunteers (CHOMP and non-CHOMP) to staff medical tents throughout the tournament and provide first-aid supplies.
Automated external defibrillator loans for public events	Free loans of automated external defibrillators (AEDs) for public events.
Automated external defibrillator program	Assist community organizations in obtaining AEDs for installation in community venues; provide oversight, maintenance, training, and compliance services.
AWAKE support group	Presentations regarding the medical aspects of sleep apnea and sleep disorders.
Base hospital coordinator	Part-time nurse coordinating all pre-hospital provider activities for Community Hospital and Monterey County.
Bereavement program	Program of individual and group support for coping with death-related grief.
Better choices, better health	Class to help individuals who live with ongoing health conditions such as arthritis; diabetes; and heart, breathing, or back problems work with their doctors and better manage their symptoms.
Big Sur Half and International Marathons-medical support	Physician and nurse support and medical supplies for race events.
Billing support services for patients	Service to support patients with complex medical conditions through reading, understanding, and paying health bills from multiple providers.
Bipolar disorder support group	Support group for individuals with bipolar disorder.

BLS, CPR, and AED training	Provide BLS, CPR, and AED training open to community members and healthcare providers.
Body mechanics applied to nursing	Class for first-year nursing students on proper body mechanics in patient care.
Bone health lecture series	Lecture series for the public on bone health.
Boxing for balance	Class to learn exercises to improve balance, coordination, endurance, posture, reaction time, and execution of dual-task activities.
Breast cancer early support	An education and support group for women with early diagnosis of breast cancer.
Breastfeeding success	Class to get breastfeeding off to a good start, prevent problems, and focus on the role of nutrition.
Cabrillo College radiologic technologist program	Training program at community college for radiologic technologists.
Cancer Care Symposium	Symposium for clinicians and community members addressing the risks, benefits, and alternatives to cancer screening and improving clinical practices of diagnostic evaluation and treatment.
Cancer concerns support group	Weekly support group for anyone facing issues associated with a cancer diagnosis.
Cancer survivorship celebration	Picnic luncheon/program for cancer survivors and families at Monterey Peninsula College.
Cancer wellness support group	Weekly support group for any person with cancer and their support person(s).
Caregiver's drop-in program	Provides support, information, and self-care for family, friends, and caregivers of cancer patients.
Carpooling incentives/employee shuttle program	Incentives given to employees to encourage them not drive to work alone; free employee shuttle between CHOMP and area cities.
Central Coast Health Connect	Subsidize the purchase of ambulatory electronic medical record systems to encourage physician adoption of technology in their offices.
Childbirth education class	Small-size class taught by a Lamaze-trained labor and delivery registered nurse. Ideal for women in second or early part of third trimester.
Children's supplies in hospital waiting areas	Distribution of children's supplies (crayons, coloring books, toys, etc.) to Emergency department and other waiting rooms and public areas throughout the hospital.
Chronic pain support group	Ongoing support group teaching coping skills to people with chronic pain.
Community benefit grants	Community benefit grants to nonprofit organizations and multi-agency collaborative organizations in support of health assessment and improvement projects within the hospital's service area.
Community benefit operations	Staffing and other operational support required for tracking and reporting community benefits.

Community garden	Project that allows participants to gain access to fresh, local, organic produce through creating and maintaining a community garden.
Community health needs assessment	Triennial comprehensive community health needs assessment to identify the highest-priority unmet health needs of our community.
Considering joint replacement?	Informational class for people considering knee, hip, or shoulder replacement.
Continuing medical education	Accredited medical education program open to all physicians in the community to maintain, develop, or increase knowledge, skills, and professional performance.
Cooking for Life	Hands-on cooking class designed to teach participants how to prepare simple, healthy, and delicious meals.
Diabetes support group	Group for those with type 1 or type 2 diabetes focused on living with the day-to-day challenges and conflicts of self-management.
Discharge clothing	Provide clothing prior to discharge for Emergency department patients whose clothes have been damaged or destroyed.
Donation of electronic materials	Donation of electronic materials and equipment to charitable organizations.
Donation of supplies and equipment	Donation of miscellaneous supplies and equipment to charitable organizations.
Donations of medications for community events	Medications donated to the Big Sur Half and International Marathons and the AT&T National Pro-Am golf tournament.
Donor Network West	Program that provides organs for transplantation through the California Transport Donor Network.
Drug take-back program	Program to collect dangerous and unused medications from the community and ensure their safe disposal.
Electronic greeting cards	Print and distribute electronic greeting cards for patients that arrive via e-mail from the community hospital website.
Emergency preparedness	Collaboration with the Monterey County EMS agency to develop an updated, comprehensive emergency preparedness plan and a community awareness campaign.
Emergency preparedness fair	Program to provide the public with information and resources to help them prepare their families and homes for a disaster.
Family/patient education and counseling	Education and counseling for families and patients regarding cancer issues.
Food donations to community	Donation of food for community events.
Free From Falls program	A comprehensive fall prevention program for people with multiple sclerosis.
Free prescriptions for patients in financial need	Underwriting the cost of discharge/outpatient prescriptions for those unable to pay.

General charity care (at cost)	Hospital services for patients in financial need.
Griefbusters	Children's bereavement program offered through schools.
Hand sanitizer distribution	Distribute hand sanitizer free to the public throughout the hospital.
Healing art retreat	A six-hour art therapy program for people with cancer and their support persons.
Healthcare career fair	Introduce high school students to nursing and allied health careers.
Health fairs	Health fairs providing information to the public on health issues as well as blood pressure, blood sugar, and cholesterol screening.
Health fair – Labor of Love	Health fair providing information about pregnancy and pregnancy services at CHOMP.
Health information series	Free monthly workshops on health topics such as heart disease, cancer, and arthritis.
Health news sponsorship	Sponsored airing of health news segments on KION and KSBW TV.
Health resource library	Free health library for the public including computer searches and referrals.
Health Smart lecture series	Sixty-minute lectures on health topics to improve quality of life.
HIV/AIDS care	HIV education, testing, and counseling; clinical care throughout full spectrum of the disease.
HIV/AIDS patients access to care	Assist Access Support Network in providing HIV/AIDS patients with access to healthcare-related support.
Hospice patient support services	Volunteer respite and psychosocial support for hospice patients' caregivers and families.
Hospital and community service	Leadership of and participation in community organizations.
Hospital call center	Call center provides information regarding hospital classes, support groups, and services.
Hospital tours	Tours provided by Auxiliary volunteers to schools and professional groups interested in hospital operations.
In-home blood collection	Phlebotomist sent to homes and skilled nursing facilities to collect blood samples for non-ambulatory patients.
Internships for exercise physiologist students	Free 12-week internships for cardiac/pulmonary rehabilitation.
Internships for licensed marriage and family therapists	Internships offering MFT students an opportunity for volunteer hours needed to complete their course work.
Internships for occupational therapy students	Free 4-12 week internships for in- and out-patient rehabilitation settings.

Internships for physical therapy students	Free 4-12 week internships for in- and out-patient rehabilitation settings.
Internships for speech therapy students	Free 4-12 week internships for in- and out-patient rehabilitation settings.
Kids Eat Right	After-school program for elementary schools that includes education, food preparation, and physical activity.
Live Longer, Live Stronger	Cancer survivorship program addressing the physical, psychological, social, financial, and spiritual issues that survivors confront.
Living With Stroke	Support and information for stroke survivors and their families.
Look Good, Feel Better	Class for cancer patients covering practical techniques for wearing wigs and scarves, and using makeup to enhance appearance during treatment.
Matter of Balance	Class to help reduce the fear of falling and increase the activity levels of older adults who have concerns about falling.
Medical respite center	Public/private partnership providing beds for homeless patients being discharged from participating Monterey County hospitals.
Mindful Eating	Class to learn more about emotional eating, including causes and strategies to control mindless eating and promote a healthful lifestyle.
Mindfulness Meditation	An 8-week course of intensive training in mindfulness meditation, gentle movement, and group support.
Mobile Clinic	Free basic healthcare services for homeless and underserved populations.
Monterey County Community Health Centers	Community Hospital representative serves on board of directors for Monterey County Community Health Centers.
Monterey County Science and Engineering Fair - Judge	Judge Monterey County high school students' science projects at Monterey County-wide event.
Monterey Jazz Festival Medical Support	Orthopedics department partners with American Bone Health to present exercise demonstration. Registered nurses volunteer to staff medical tent at the festival and provide first-aid supplies.
Mood management class	A class to improve understanding of the connection between thoughts and emotions, and learn practical ways of managing change.
Multiple Sclerosis support group	Support persons with MS while presenting exercises to help with strength, posture, flexibility, and balance.
Music at the bedside	Live music at patients' bedsides to help relieve anxiety and stress, induce relaxation, and bring comfort.
Negative-margin services	Subsidized cost of services for Outpatient Immunology Services, inpatient and outpatient Behavioral Health Services, the Cardiopulmonary Wellness Program, Westland House, and Hospice of the Central Coast.

Non-interest-bearing patient payment plans	Non-interest-bearing payment plans for patients.
Nutrition after weight-loss surgery: What can you eat?	Class on post-weight-loss surgery nutrition and eating.
On-line health risk assessments	On-line health risk assessments to evaluate heart health, diabetes risk, and hip and knee joint pain.
Ostomy support group	Education and support for people who have had or will have ostomy surgery, their family members, and friends.
Parent support group	Education and support for parents of adolescents who are struggling with drug or alcohol abuse and behavior problems.
Partial hospitalization program support group	Support group for patients who have been in the partial hospitalization program.
Patient transportation	Free transportation to medical appointments within the community for chronically and terminally ill patients.
Prostate cancer self-help group	Bi-monthly support group for men with prostate cancer.
<i>Pulse</i> magazine	Free publication containing practical health and wellness information on a variety of topics for the lay audience.
"Quinn On Nutrition" weekly newspaper column	Weekly column discussing nutrition published in the Monterey County Herald, Digital First Media News Service, and syndicated through Tribune Content Agency.
Recovery Center alumni association	Weekly meeting/support activity for Recovery Center alumni.
Recovery Center assessment program	Free assessment interview/consultation for substance abuse disorders, mental health, and dual disorder treatment.
Research program: high-flow nasal cannula	Program to determine impact of high-flow nasal cannula on ability to swallow under modified barium swallow study.
Restless Legs Syndrome support group	A support group for individuals who suffer from restless legs and/or periodic limb movement disorder.
RotaCare Clinic	A non-invasive, acute-care clinic for underserved populations, staffed by volunteer physicians, nurses, and clerical support. The hospital provides blood tests, X-rays, ultrasound exams, and electrocardiograms.
Scholarship program	Program providing need-based scholarships for students pursuing healthcare careers, both undergraduate and graduate.
School and youth group field trips	Familiarize youth with the hospital to relieve anxiety about hospital visits and to provide exposure to healthcare careers.
Sewing committee	Annual volunteer activity to sew gifts for newborns and inpatients during the holiday season.

Sexual Assault Response Team	Training of new nurses for Sexual Assault Response Team (SART); maintenance of training equipment for the SART teams.
Smoking cessation assessment	A free individual assessment with smoking cessation counselor in the Kick the Nic program.
Speakers Bureau	Bureau providing expert speakers on a variety of medical and health topics to community groups free of charge.
Supermarket tour	Tours of local supermarkets with instruction on healthy foods and how to read food labels to avoid unhealthy foods.
T'ai Chi for Health	Basic t'ai chi orientation and movements for people of all abilities.
Telecare service	A daily reassurance telephone call to house-bound community residents.
Topics in Diabetes	A monthly education group for people wanting more information on diabetes.
Total joint replacement class	Class offered to total joint replacement patients on expected hospital course, exercises, equipment and procedures, and pain management.
Transitions	Provides case management and volunteer services to clients suffering from life-threatening illness with a prognosis of 12 months or less.
Understanding Depression	Lecture for individuals, families, and friends about depression and the available community resources.
United Way employee campaign	Employee participation in the United Way campaign to raise funds for local nonprofit organizations.
Unpaid cost of CHAMPUS	Unpaid cost of care for patients covered by CHAMPUS program.
Unpaid cost of Medi-Cal	Unpaid cost of care for patients covered by Medi-Cal program.
Unpaid cost of Medicare	Unpaid cost of care for patients covered by Medicare program.
Volunteer hours served by hospital trustees	Members of the organization's Board of Trustees serve in a volunteer capacity on the board and on numerous committees.
Walk and Win	Class series on beginning an exercise program.
Website	Free health information offered via web site.
Weigh of Life class	Class providing information on the immune system, basic nutrition, food safety, and food supplements.
Weigh of Life II support group	Weight management support group for men and women.
Weight-loss surgery support group	Support and information group for anyone who has undergone gastric bypass or lap-band surgery, has plans to undergo the surgery in the future, or is contemplating undergoing the surgery.
Weight-loss surgery: back on track lecture series	Informational lecture series designed to help people better attain and maintain their weight-loss goals after surgery.

APPENDIX E

Monterey County employers participating in Worksite Wellness

Bayonet & Blackhorse Golf Courses	Monterey Salinas Transit (CalPERS)
Bernardus Lodge	Monterey Transportation Agency (CalPERS)
California Department of Corrections Training Facility (CalPERS)	Naval Postgraduate School (military)
California Department of Fish and Game (CalPERS)	Naval Postgraduate School (non-military)
California Department of Mental Health Psych Program (CalPERS)	North County Fire Protection District (CalPERS)
California Highway Patrol (CalPERS)	Northern California Golf Association-Poppy Hills
California State University-Monterey Bay (CalPERS)	Organic Girl
Carmel Valley Athletic Club	Pacific Cancer Care
Carmel Valley Manor	Pebble Beach Company
Church Brothers	Portola Plaza Hotel
City of Carmel (CalPERS)	Presidio of Monterey (non-military)
City of Marina (CalPERS)	Presidio of Monterey (military)
City of Monterey (CalPERS)	Pro Act LLC
City of Pacific Grove (CalPERS)	Quail Lodge & Golf Club
City of Salinas (CalPERS)	Salinas Valley State Prison (CalPERS)
City of Sand City (CalPERS)	Santa Lucia Preserve
City of Seaside (CalPERS)	Scheid Vineyards
City of Soledad	Stevenson School
Costco – Salinas	Superior Court of Monterey County (CalPERS)
Costco — Seaside	Tanimura & Antle
County of Monterey (CalPERS)	U.S. Department of Defense Manpower Data Center
Department of Defense	Wells Fargo
D’Arrigo Brothers	West Marine
Earthbound Farm	West Rock
Fleet Numerical	Whitson Engineers
Fresh Express	
Hayashi & Wayland	
Hyatt Carmel Highlands	
Hyatt Regency Monterey Hotel & Spa	
International School of Monterey	
Kendall Jackson	
Lansmont Corporation	
Marriott Monterey	
Monterey Bay Aquarium	
Monterey Bay Pollution Control Board	
Monterey County Schools Insurance Group	
Monterey Jet Center	
Monterey One Water	
Monterey Peninsula Airport District (CalPERS)	
Monterey Peninsula College	
Monterey Peninsula Country Club	
Monterey Peninsula Water Management District	
Monterey Peninsula Unified School District	
Monterey Plaza Hotel LLP	
Monterey Regional Waste Management	

APPENDIX F

2016 community health needs assessment executive summary

In the spring of 2016, Community Hospital of the Monterey Peninsula (CHOMP) again embarked on a comprehensive community health needs assessment (CHNA) process to identify and prioritize the key health issues for our community.

This community health needs assessment, a follow-up to nearly identical studies conducted in 2007, 2010, and 2013 (and to similar assessment efforts conducted since the mid-1990s), is a systematic, data-driven approach to determining the health status, behaviors, and needs of residents in the hospital's primary service area. This information is used to inform decisions and guide efforts to improve community health and wellness, allowing those investments to make the greatest possible impact on community health status.

The community health needs assessment supports three basic goals:

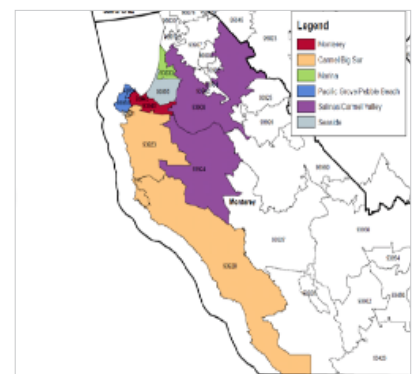
- To improve residents' health status, increase their life spans, and elevate their overall quality of life. A healthy community is not only one where its residents suffer little from physical and mental illness, but also one where its residents enjoy a high quality of life
- To reduce the health disparities among residents. By gathering demographic information along with health status and behavior data, it will be possible to identify population segments that are most at-risk for various diseases and injuries. Intervention plans aimed at targeting these individuals may then be developed to combat some of the socio-economic factors which have historically had a negative impact on residents' health
- To increase accessibility of preventive services for all community residents. More accessible preventive services will prove beneficial in accomplishing the first goal (improving health status, increasing life spans, and elevating the quality of life), as well as lowering the costs associated with caring for late-stage diseases resulting from a lack of preventive care

This assessment was conducted by Professional Research Consultants, Inc. (PRC). PRC is a nationally-recognized healthcare consulting firm with extensive experience conducting community health needs assessments such as this in hundreds of communities across the United States since 1994.

DEFINITION OF THE COMMUNITY SERVED

CHNA community definition

Community Hospital of the Monterey Peninsula's community, as defined for the purposes of the community health needs assessment, included each of the residential ZIP codes that comprise the hospital's primary service area (PSA), including: 93950, 93940, 93941, 93942, 93943, 93944, 93920, 93921, 93922, 93923, 93955, 93933, 93953, 93908 and 93924. This included Monterey, Carmel, Big Sur, Seaside, Marina, Pacific Grove, Pebble Beach, the Highway 68 corridor, and Carmel Valley. A geographic description is illustrated by the map at right.



Demographics of the community

The population of the hospital's primary service area is estimated at 143,307 people. It is predominantly non-Hispanic White but also has a substantial Hispanic population. The demographic breakdown, according to the US Census Bureau, is non-Hispanic White (60.7 percent), Hispanic (21 percent), Asian (8.6 percent), African American/Black (3.8 percent), and other (5.4 percent).

HOW CHNA DATA WERE OBTAINED

CHNA methodology

This assessment incorporates data from both quantitative and qualitative sources. Quantitative data input includes primary research (the PRC Community Health Survey) and secondary research (vital statistics and other existing health-related data); these quantitative components allow for trending and comparison to benchmark data at the state and national levels. Qualitative data input includes primary research gathered through an online key informant survey.

Community health survey

The survey instrument used for this study is based largely on the Centers for Disease Control and Prevention (CDC) Behavioral Risk Factor Surveillance System (BRFSS), as well as various other public health surveys and customized questions addressing gaps in indicator data relative to health promotion and disease prevention objectives and other recognized health issues. The final survey instrument was developed by CHOMP and PRC and is similar to the previous surveys used in the region, allowing for data trending.

A precise and carefully executed methodology is critical in asserting the validity of the results gathered in the PRC Community Health Survey. Thus, to ensure the best representation of the population surveyed, a telephone interview methodology — one that incorporates both landline and cell phone interviews — was employed. The primary advantages of telephone interviewing are timeliness, efficiency, and random-selection capabilities.

The sample design used for this effort consisted of a random sample of 1,000 individuals age 18 and older in the primary service area. All administration of the surveys, data collection, and data analysis was conducted by PRC. For statistical purposes, the maximum rate of error associated with a sample size of 1,000 respondents is $\pm 3.1\%$ at the 95-percent level of confidence.

Online key informant survey

To solicit input from key informants, those individuals who have a broad interest in the health of the community, an online key informant survey was also implemented as part of this process. A list of recommended participants was provided by Community Hospital of the Monterey Peninsula; this list included names and contact information for physicians, public health representatives, other health professionals, social service providers, and a variety of other community leaders. Potential participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the community overall.

Key informants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online; reminder emails were sent as needed to increase participation. In all, 133 community stakeholders took part in the online key informant survey, as outlined below:

ONLINE KEY INFORMANT SURVEY PARTICIPATION

Key informant type	Number invited	Number participating
Physician	76	35
Other health provider	16	5
Public health representative	27	12
Social services provider	80	37
Community/business leader	106	44

Public health, vital statistics, and other data

A variety of existing (secondary) data sources were consulted to complement the research quality of this community health needs assessment. This secondary data was available at the county level; to best match the primary service area, data from Monterey County was used. These were obtained from a variety of sources (specific citations are included in the CHNA report), such as:

- Centers for Disease Control & Prevention, Office of Infectious Disease, National Center for HIV/AIDS, Viral Hepatitis, STD, and TB Prevention
- Centers for Disease Control & Prevention, Office of Public Health Science Services, Center for Surveillance, Epidemiology and Laboratory Services, Division of Health Informatics and Surveillance (DHIS)
- Centers for Disease Control & Prevention, Office of Public Health Science Services, National Center for Health Statistics
- Community Commons
- ESRI ArcGIS Map Gallery
- National Cancer Institute, State Cancer Profiles
- OpenStreetMap (OSM)
- US Census Bureau, American Community Survey
- US Census Bureau, County Business Patterns
- US Census Bureau, Decennial Census
- US Department of Agriculture, Economic Research Service
- US Department of Health & Human Services
- US Department of Health & Human Services, Health Resources and Services Administration (HRSA)
- US Department of Justice, Federal Bureau of Investigation
- US Department of Labor, Bureau of Labor Statistics

Information gaps

While this assessment is quite comprehensive, it cannot measure all possible aspects of health in the community, nor can it adequately represent all possible populations of interest. It must be recognized that these information gaps might in some ways limit the ability to assess all of the community’s health needs.

For example, certain population groups — such as the homeless, institutionalized persons, or those who only speak a language other than English or Spanish — are not represented in the survey data. Other population groups — for example, pregnant women, lesbian/gay/bisexual/ transgender residents, undocumented residents, and members of certain racial/ethnic or immigrant groups — might not be identifiable or might not be represented in numbers sufficient for independent analyses.

In terms of content, this assessment was designed to provide a comprehensive and broad picture of the health of the overall community. Inevitably, there are medical conditions that are not specifically addressed.

Vulnerable populations

The CHNA analysis and report yielded a wealth of information about the health status, behaviors, and needs of our population. A distinct advantage of the primary quantitative (survey) research is the ability to segment findings by geographic, demographic, and health characteristics to identify the primary and chronic disease needs and other health issues of vulnerable populations such as uninsured persons, low-income persons, and racial/ethnic minority groups.

For additional statistics about uninsured, low-income, and minority health needs, please refer to the complete community health needs assessment report.

Public Dissemination

This community health needs assessment is available to the public at www.chomp.org. This report is also available via HealthForecast.net™, an interactive, dynamic tool designed to share CHNA data with community partners and the public at large by:

- Informing readers that the CHNA report is available and providing instructions for downloading it
- Offering the CHNA report in a format that, when accessed, downloaded, viewed, and printed in hard copy, exactly reproduces the report
- Granting access to download, view, and print the document without special computer hardware or software required for that format (other than software that is readily available to members of the public without payment of any fee) and without payment of a fee to the hospital organization or facility or to another entity maintaining the website

Links to this dedicated HealthForecast.net™ site are also made available at <http://www.chomp.org/chna>.

CHOMP will provide any individual requesting a copy of the written report with the web address where the document can be accessed. CHOMP will also maintain at its facilities a hard copy of the CHNA report that may be viewed by any who request it.

SUMMARY OF FINDINGS

Prioritization of health needs

On August 10, 2016, Community Hospital of the Monterey Peninsula convened two groups of community stakeholders (representing a cross-section of community-based agencies and organizations) and internal team members to evaluate, discuss, and prioritize health issues for our community, based on findings of this community health needs assessment.

Following the data review, PRC answered questions and facilitated a group dialogue, allowing participants to advocate for any of the health issues discussed. Finally, participants were provided an overview of the prioritization exercise that followed.

To assign priority to the identified health needs, a wireless audience response system was used in which each participant was able to register his/her ratings using a small remote keypad. The participants were asked to evaluate each health issue along two criteria:

1. **Scope and severity** — The first rating was to gauge the magnitude of the problem in consideration of the following:

- How many people are affected?
- How does the local community data compare to state or national levels, or Healthy People 2020 targets?
- To what degree does each health issue lead to death or disability, impair quality of life, or impact other health issues?

Ratings were entered on a scale of 1 (not very prevalent at all, with only minimal health consequences) to 10 (extremely prevalent, with very serious health consequences).

2. **Ability to impact** — A second rating was designed to measure the perceived likelihood of the hospital having a positive impact on each health issue, given available resources, competencies, spheres of influence, etc.

Ratings were entered on a scale of 1 (no ability to impact) to 10 (great ability to impact).

Individuals' ratings for each criteria were averaged for each tested health issue, and then these composite criteria scores were averaged to produce an overall score. This process yielded the following prioritized list of community health needs:

1. Diabetes
2. Nutrition, physical activity, and weight
3. Access to healthcare services
4. Mental health
5. Heart disease and stroke

Additional needs identified as areas of opportunity were not deemed as significant needs and did not rank highly enough to earn a prioritized ranking due to the number of population affected, the hospital's ability to improve the issue, or the existence of other resources devoted to the issue elsewhere in the community.

1. Substance abuse
2. Cancer
3. Dementias, including Alzheimer's disease
4. Respiratory diseases
5. Injury and violence
6. Potentially disabling conditions
7. Family planning

Community-wide community benefit planning

The community benefit plan will be submitted in 2018. Community Hospital is committed to continuing to partner with other organizations in the county to positively impact the overall health of individuals in the community and promote access to care. To this end, the hospital has dedicated significant resources to making Monterey County a more healthy community. As individual organizations begin to use the information from the 2016 community health needs assessment, it is hoped that additional collaboration will occur in support of community-wide health improvement.